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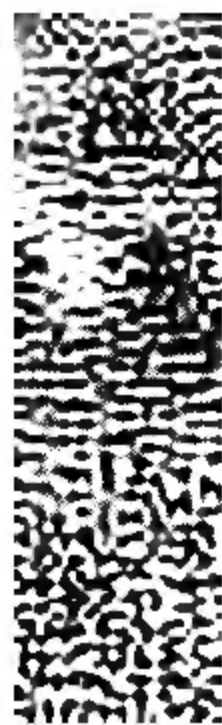
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THE  
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EDITED BY  
**J. J. DRYSDALE, M.D., R. E. DUDGEON, M.D.,**  
AND  
**RICHARD HUGHES, L.R.C.P.**

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**VOL. XXII.**

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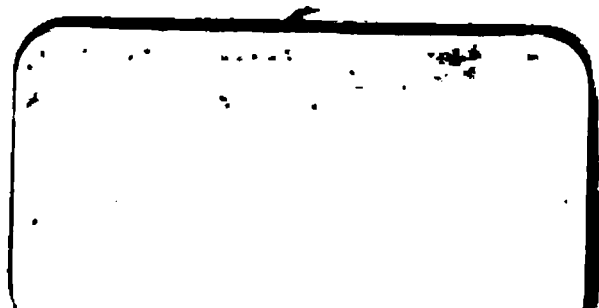
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In reporting cases also, it would conduce to the progress of science if all the *well marked* physical signs and the symptoms were fully described, and the non-essential details omitted, or condensed.

Numberless cases of disease must occur in practice, where it is impossible to keep to the use of a single remedy. Enough that such cases are *not clinical* cases in the true sense ; just as the majority of cases which enter large hospitals are not used for clinical medicine, the professor of which usually has a small number of well selected cases to illustrate his teaching.

CASE I.—Scrofulous ophthalmia in a child, treated unsuccessfully for six months at the London Ophthalmic Hospital, Moorfields, perfectly cured in three weeks, by Mercur. cor.

D. H., aged about ten years, a feeble, thin looking, scrofulous child, was brought to me with the cornea of both eyes opaque and covered with ulcers. Vision quite indistinct, so as to render the child scarcely able to find her way across the room. Intense photophobia existed, with profuse lachrymation, the tongue was foul, covered with yellow slime, the appetite bad.

For six months she had been attending as out-patient at the London Ophthalmic Hospital, Moorfields, without any benefit whatever ; indeed, the mother said that the sight had been getting worse and worse every month, till at length the poor child could scarcely see at all. She brought with her the case paper of the Moorfields' hospital which prescribed Carbonate of iron with Rhubarb. For six months no change in the prescription, but the same unvarying word "Repeat."

Without making any special change in the child's habits or diet, I prescribed Mer. c. 2 dec. dil., one drop four times a day. The effect was most rapid and well marked, the ulcers quickly healed, the opacity of the cornea lessened, and in a fortnight all traces of ophthalmia were gone, and the sight restored. Slight opacity of the cornea remained, but not in the field of vision ; the child's digestion and general health became also quite restored.

The rapid action of the true specific was in this case the

more clearly marked, from the obstinacy and the chronic nature of the case, and the uselessness of the Iron and Rhubarb treatment.

In structural diseases, if medical treatment is not truly *to the point*, it is but waste of precious time, and too often leads to disorganization of delicate structures, such as those of the eye.

CASE II.—Acute painful attack of rheumatic ophthalmia (iritis) rapidly cured by Bell. and Mer. cor. 1 *dec.* trit., after the unavailing use of the same remedies in weaker preparations.

Mrs. H., aged 46, lymphatic temperament, rheumatic constitution.

In January, 1851, became affected with rheumatic ophthalmia affecting the sclerotic and iris of left eye, with agonizing pain in the eyeball and orbit, of an intense aching, bursting character, worse at night, entire intolerance of light. The sclerotic was deeply injected, conjunctiva swollen, iris invisible from old opacity of the cornea occurring in childhood. For some days Aconite was prescribed in various dilutions without any relief; then Belladonna 1 *dec.* dil., and Merc. cor. 2nd, *dec.* dil., three drops every two hours alternately. Still no better, and no relief to the intolerable, agonizing pain which for ten or twelve nights utterly prevented sleep; the case was so distressing that I proposed a consultation with two of our best homœopathists, and I met them on the 16th of January to examine and consider the case. At the consultation, the leading authority gave it as his opinion that the dreadful sufferings were owing to medicinal aggravations. With this negative conclusion the consultation came to an end, without any positive prescription of a curative character.

Having anxiously watched the agony of pain for ten days and nights, I felt that the medicinal aggravation theory was quite erroneous, and on my own responsibility the strength of the medicines was *much increased* in place of being diminished. Five drops of the mother tincture of Belladonna were given every hour, alternately with one grain of the first decimal trituration of Merc. cor. Early the next morning I went with

a heavy heart to see the poor lady. On entering the room I was surprised to see the window-shutters a little open, and immediately the lady said to me in a most reproachful tone of voice, "Why did you not give me these medicines before, and save me from all these agonizing nights of pain and sleeplessness? My pain lessened after a few doses, and I have slept last night—as you see, I can bear a little light this morning." On the second day the improvement was even greater, and in a few days she got quite well under the same remedies at longer intervals, without any disturbance of any sort from the medicines, or the *faintest shadow* of medicinal aggravation from *the increased* doses.

This case illustrates the absurdity in severe cases of disease of conjuring up groundless alarms as to medicinal aggravations that only distract the attention from the cure, and also, that it is quite as necessary to select the proper dose as the proper remedy. It is often said that if the remedy is carefully selected, the dose or dilution is of no consequence. This dogma is most erroneous, and ill conduces to success in curing disease.

CASE III.—Acute ophthalmia, scrofulous corneitis, cured by Merc. c., 2 dec., after two unsuccessful attempts to cure, by a distinguished oculist.

A young lady, aged 21, of a feeble constitution, lymphatic sanguine temperament, was attacked August, 1862, with violent ophthalmia of both eyes (scrofulous rheumatic.) The parents immediately put her under Mr. —, a leading oculist, who treated her for three weeks, during which time she got so rapidly worse, that the right eye became disorganized from a mass of lymph deposited on the cornea, and the sight of it totally destroyed. At the end of three weeks, getting worse under the allopathic treatment, she was put under my care, when I prescribed Merc. cor. the 2nd dec. dilution, three drops in half a wine glass of water every four hours, alternately with the same dose of China. During my absence from London in the autumn she went to the seaside, and continued the same remedies for a

week or two. A gradual improvement ensued, but not rapid enough to please the patient.

After two or three weeks she then went back to the old system, when she was treated by an eminent surgeon, and the same oculist for some weeks, during which time the left eye became rapidly worse, so much worse, as to alarm the friends lest the poor girl should become totally blind of *both* eyes. They then for the second time removed her from the care of the oculist, and put her under that of an eminent homœopathist, who treated her most carefully for eight weeks, during which time she ceased to get worse, but got no better. At the end of eight weeks she was again put under my treatment, when I found the right eye disorganized from a mass of lymph deposited in the cornea—the sight of that eye totally destroyed. The left eye was intensely inflamed, the sclerotic and conjunctiva deeply injected, the pupil quite invisible, the cornea perfectly opaque, covered with ulcers. Intense photophobia, and lachrymation existed, with most excruciating pain all over the temples and in the eyes, constant tendency to headache. The vision of the left eye totally obscured, she could scarcely make out the difference between day and night, and yet the least approach of light caused the most intolerable agony. I again in January prescribed Merc. cor., which I had prescribed in September, the parents remarking, that the medicine given in September was the only medicine that they observed to have any positively beneficial effect. Merc. cor. was continued for six weeks, in a dose varying from four to seven drops of the second decimal dilution every three hours for three or four days, then every four to five hours.

After three or four days use of it, amendment set in; the pain, the photophobia, and the vascular injection gradually lessened; after about ten days of the treatment a little vision was restored—the same medicine was continued day by day, and week by week, till at the end of six weeks all traces of inflammation were removed. She could bear the light perfectly, and a large amount of vision was restored to the left eye, although opacity of the cornea still existed. During the whole



six weeks of the treatment the Merc. cor. was not discontinued, except for three or four days during the menstrual period ; and for the greater part of the time it was given alone, except an occasional intercurrent dose of Belladonna when headache existed, or China when there was languor after the monthly period.

A solution of atropin, two grains to the ounce of distilled water, was also applied externally, in order to dilate the pupil as the lymph was becoming absorbed.

The case is one of the most satisfactory that I have ever had in my practice, and as a clinical case is peculiarly instructive, shewing that when the physician has perfect confidence in the remedy, it is best for him *not to change* as long as a good effect is being produced. Although the Mer. cor. 2 dec. was given for six weeks—at least three to four times a day in doses of four to six, or seven drops, her general health became more and more improved as under its use the eye disease became cured—not a trace of salivation occurred, nor any sign of medicinal aggravation, except that on one day a decayed tooth ached a little ; even this symptom vanished as soon as the dose was reduced from six or seven drops, to three or four.

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### A CASE OF PARATYPHLITIS.

Communicated by Dr. TRINKS, of Dresden.\*

MISS A. ZEIDLER, age 16, of a scrophulous habit, had always, after measles and scarlatina in earlier years, enjoyed good health, except slight catarrhs and diarrhoea from taking cold. Also menstruation commenced at fourteen without any difficulties, ever after recurring at the right time and without irregularities. On the 29th of May this year (1863) Mrs. Zeidler called me in to her daughter, who had been ill for several days with violent pain on the right side of the abdomen with obstinate constipation. I found the patient in bed ; and, after accurate examination, discovered in the right side of the

\* From Hirschel's *Zeitschrift*, 15th Aug., 1863.

abdomen, close to the ala of the ileum, a hard, broad tumour, deep seated towards the uterine region, very sensitive to external pressure, and extending upwards quite to the junction of the ileum with the colon.

It was of a hand's breadth, and on the surface could be felt impacted masses of fæces, between which another hard substance was perceptible. On pressure of this hard pad, the patient felt sharp pricking and pressive pain. The overlying skin and muscles were considerably raised by the tumour, as was evident on comparison of the same region on the left side. Three days before, an evacuation had taken place after an injection of soap and water, since which no discharge of fæces or wind had taken place. The intestines, therefore, contained much wind; all the rest of the abdomen free from pain. Tongue slightly coated, white; appetite and thirst absent; no eructation, nausea, nor vomiting; the taste rather insipid; pulse seventy, not hard; the head free, sleep disturbed by the continued pain; urine clear and bright; exhibited acid when tested.

The following information I obtained respecting the commencement of the disease: Six days previously menstruation had set in at the proper time, without any pain, and continued quite normal for two days. On the third day she got cold feet, whereupon the menstruation was arrested, and had that same morning entirely ceased. In the afternoon she had felt acute pain deep down in the right side; and as this had not ceased on the fourth day, and no stool occurred, her mother gave her an injection of soap and water, which produced a discharge of hard fæces, yet without any alleviation of pain. Till my arrival nothing had been given but a few cups of St. Germain tea, with a view to relieve the pain, but without success. The gradual augmentation of the suffering had, at last, induced the mother to bespeak my help.

An inflammatory condition had been brought on by the cessation of menses, caused by cold feet, which spreading from the cellular tissue of the uterus into the broad ligament towards the ovarium, and mounting up to the colon and ileum, and the processus vermiformis, had thus brought on paratyphlitis. For it was not the detained mass of fæces that formed the

tumour, for one could feel also the infiltration and swelling of the parts seated under and near these fæcal masses, the impaction of which was to be looked upon merely as a necessary consequence of this inflammatory process; a view which received confirmation during the progress of the case. As a consequence of the existing state of things, active treatment must be adopted against this widely-spread inflammatory condition, if we would escape a bad result, as mortification, perforation, morbid union of portions of the intestines amongst themselves, or with the neighbouring parts.

Therefore the patient took every three hours three drops of Bell., the 2nd decimal dilution, in water, and poultices of boiled groats were applied; she drank water that had been boiled and cooled again, because fresh spring-water caused eructation. May 30th. I found the condition of the patient quite unaltered; the pains, the shape, figure, and situation were the same, neither wind nor stool passed; pulse unchanged, also the urine; little sleep at night, owing to constant pain. May 31st.—State of patient just as yesterday; no alleviation of the pains and swelling; no discharge of stool or flatus; sleep very restless; pulse somewhat more excited, 85 per minute; tongue coated, somewhat thicker; mouth dry, and hence more eagerness for drink.

June 1st.—The pains in the undiminished tumour became more severe in the night, and came on, as in ordinary enteritis, more severe at times, and like colic; still no discharge of wind or stool; urine become turbid; the pulse raised to above 100; patient could not sleep at all; thirst increased—tongue still more loaded; a clyster of oil and water remained without operating; nevertheless, no change made in the medicine.

June 2nd.—Patient could not sleep at all last night, because the pains in the right side of the abdomen return at short intervals, and cause very great uneasiness; the undiminished tumour was extremely sensitive to every touch, and the poultices had to be laid on very thin; thirst and eructation much increased; nausea came on with the severe fits of pain; no stool nor flatus; urine very turbid, with sediment like brick-dust,

and the surface covered with a film not iridescent, and still very acrid, but still exhibited acid when tested ; pulse 110, temperature much raised.

Through this augmentation of all the morbid symptoms the insufficiency of the medicine employed was clearly shown, and the question arose whether this insufficiency was owing to the minuteness and too infrequent repetition of the dose, or to the unsuitable choice of the remedy itself. My experience of the Belladonna, which, in the worst cases of enteritis in the highest stage has never refused me its aid, justified its use, and so I was obliged therefore to seek for the cause of failure in the weakness and unfrequent repetition of a remedy that was *suitably* chosen.

There was no time to lose ; in order, therefore, not to waste any in the employment of a remedy either less suitable or utterly unsuitable, I determined to strengthen the doses of the very same medicine, and to repeat it at shorter intervals. Patient took every two hours five drops of the 2nd decimal dilution of Bell. in water. The use of poultices continued.

June 3rd.—Even before midnight there commenced remission of the continued and colicky pains in the tumour and neighbouring parts once more. Towards morning wind passed, with great relief, after having for a long time ceased to pass. The great sensitiveness of the still very hard tumour is much diminished. Afternoon.—Some yellow fæces, not so very much hardened, passed without external aid. The eructation and nausea are gone permanently. Thirst still great ; pulse down to 95 ; temperature of the skin lower ; urine still just as before. No change made.

June 4th.—The patient has slept with interruptions, although the colicky pains were repeated, but at longer intervals ; in the condition of the tumour—which felt as hard as ever—there was no change to remark, although early in the morning again a copious evacuation of fæces, not hard, the shape of sausages, had taken place, without external aid ; much flatus also passed, with great relief ; tongue grows cleaner ; no more eructation ; thirst very much lessened ; pulse 90 ; urine turbid, without

film; red sediment; skin of normal temperament; the medicine only every three hours.

June 5th.—The colicky pains have quite ceased, but the tumour, still quite unaltered in form and situation, is still very sensitive to the touch. In the afternoon, after previous discharge of flatus, a very copious evacuation of fæces, not hard, in the shape of sausage, without external aid; tongue almost clean; thirst very moderate; pulse 85; skin of normal temperature; urine bright and acid; the medicine only every four hours.

June 6th.—Patient has slept quiet all night, feels much stronger in consequence, and longs for food; the tumour, much diminished in height and breadth, is still sensitively painful on pressure. It is clearly seen that the impacted masses of fæces had disappeared out of the diseased portions of the intestines; but still there lies in the depth a hard, oval-shaped body; around this there is no fluid effusion, for the percussion tone is quite clear, but above this body it is quite empty; pulse 80; urine clear. This morning also a small evacuation has taken place. The medicine now only every six hours.

June 7.—The tumour is still felt as a hard, oval, painful body. The appetite is strong, and is gratified; stool well formed and very copious; pulse, urine and sleep quite normal; strength recovering; medicine only night and morning.

In seven days I found only some slight trace of the hard tumour. All other functions proceed normally; stool daily and copious, and patient feels quite strong again. Still the medicine night and morning.

In five days after every trace of the tumour had disappeared, and so all use of medicine was discontinued; menstruation commenced at the right time, and took its course in natural quantity.

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*Remarks on the above Case.*

LET me now be permitted to add some remarks on this cure of a severe illness. The glory and value of Hahnemann and of Homœopathy were confirmed and established by his own grand cures of very serious diseases, acute as well as chronic. All these brilliant cures were brought about by large, often *very* large doses of powerful medicines, frequently repeated: also, the physiological provings contained in vol. 1 of the *M. M. P.* were, for the most part, begun and carried out with very large doses, as I have learnt from the communications of Hornburg, Franz, and others. I knew one Dr. Anton, a relative of the Psychologist Heinroth, who sometimes proved medicines for Hahnemann, and had taken such strong doses that he had become seriously ill in consequence, and was thereby scared away from Homœopathy. It was probably from facts like these, in the provings of medicines, and from the circumstance that occasionally, in treating disease, the pathogenetic effects showed themselves after the exhibition of strong doses, that Hahnemann was induced to dilute the medicines in order to prevent these results in treating diseases. From that period is dated a new phase in Homœopathy. Hahnemann seems to have been quite seized with a panic respecting excessive doses of medicine in therapeutics; and this panic drove him into the other extreme; it beclouded his otherwise sober and clear talent for observation. *Every* aggravation of the disease after the exhibition of a medicine was taken by him, without further proof, for an effect of that medicine; and it was this panic, too, that led him to set up the dogma, that the smallest doses are sufficient for the cure of the most severe cases, and lastly to the establishment of the "Potency-theory," which is destitute of any real grounds. Necessity alone compelled him, from time to time, to divest himself of this fear of too strong medicinal effects; and for instance to employ Camphor in strong doses internally and externally during the prevalence of Asiatic Cholera. Hahnemann's sphere of action had, in course of time, shaped itself so peculiarly, that

he was removed from the immediate inspection and observation of all acute diseases. In Leipsic, as in Köthen, he saw only such patients as could *come to him*, and those were, for the most part, chronic cases. Hence, probably, arose his predilection for the latter, which he pushed so far, that he advised me, as well as my late Colleague Wolf, to refuse taking any acute cases! Thus all acute diseases had become proportionably strange to him, and he had quite lost them out of his sight, which necessarily must have produced a kind of onesidedness. But in chronic diseases he had gone so far as to take notes of all symptoms of the patients that were unusual, and that had arisen during the action of medicines extending over several weeks, and to declare every one of these to be the effects of those medicines! And it was from such indications as these that he derived, for the most part, the material for the medicinal provings of the so-called Antipsoric remedies. On these grounds the exertions of my honoured friend Dr. Roth, and Dr. Langheinz, of Darmstadt, are not only highly praiseworthy and deserving of all recognition, but also called for by the most stringent necessity, for the *M. M. P. must* be purified.

But it is also more than high time that the above-mentioned dogma be struck out of the Organon, and the Potency-theory be ejected from the doctrine of medicinal action, as being in opposition to all experience. This I have told Hahnemann flatly to his face, and reminded him of the fact, that it is not possible to "potentiate" wine or Alcohol by the addition of water to more powerful effects upon healthy persons, whilst both those substances must, by his own definition of a medicine, be reckoned as such. To these statements he was always at a loss for a reply. The above history of the cure of so severe an illness furnishes us with a fact of great importance. It shows that the action of medicine duly chosen, but administered in small doses and at long intervals often proves insufficient for the cure, but that by strengthening the dose and repeating it more frequently, the intensity of the disease can be broken and overpowered, and the cure extorted. I could adduce, in confirmation of the fact, other cures of acute and chronic cases, and I will do so if God should prolong my life. But I wished, by



communicating this one case, to call the attention of my friends to the fact, that we must make up our minds to forsake the path heretofore pointed out by Hahnemann, that we must bestir ourselves to suit the doses to the intensity of the disease to be cured, and that we must let go the delusive idea that a small—nay, even the smallest dose, is sufficient to cure any, even the most severe illness. This is a delusion alike ruinous to suffering humanity and to science, which is undermining the strength and efficiency of Homœopathic medicine, and does not allow it to attain its full value and recognition.

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**A CHRONIC RELAPSING OPHTHALMIA, ATTENDED  
WITH CONSTANT GRANULATION ON THE  
LOWER EYE LIDS.**

Successfully treated with *Tart. emet.* externally.

BY JOHN N. CASANOVA, M.D.

THIS is my own case, the result of an acute purulent ophthalmia contracted in the Cape of Good Hope, February, 1858, by contagion in attending a woman suffering from a similar disease, in whom the globes of the eyes and the functions of vision were much affected.

The principal phenomena developed in my case were attributed to the constant exposure to the high winds and bright light peculiar to that climate, during my long professional rounds in the neighbourhood of Cape Town. But when the disease became fairly established, I had not the least doubt that I had taken it from rubbing my eyes unconsciously with my finger after having examined the patient's. The symptoms ran their course, as they generally do in similar cases, with the exception that the cornea and iris were not much involved; the principal seat of the malady being fixed on the conjunctiva and lids. Such pathological phenomena being well known to the medical reader who is practically familiar with the disease, I need not describe them here; but I shall make a few remarks on the peculiarities observed during the chronic state, which lasted more than four years.

I treated the acute form with *Acon.*, *Euphor.*, *Rhus-tox.*, *Clemat.*, *Hep. sulph.*, *Arg. nit.*, &c., according to the symptoms developed from time to time, with which I had obtained an apparent relief, notwithstanding the imperative necessity of being more or less exposed to the agents which, in the first invasion I had mistaken for the real cause.

It took me more than two months before I could get rid of the excessive suppuration and inflammatory stage. Not being able to remain at home to effect a perfect cure, my endeavours were directed to prevent a great mischief. Soon after that time I left the Cape still suffering, when on the passage I discovered a number of serous cysts or phlyctenæ on the surface of the conjunctiva, which, in a few days, changed into whitish hard granulations of different sizes, disposed in separate clusters, and observed a considerable thickness of the eye-lids.

The treatment on board the ship proved more palliative than curative. But on my arrival in England I was somewhat relieved, though I lingered for some time before I could read or write. The least exposure to natural or artificial light, or the slightest use of stimulant food or drinks—Ale, particularly, however little, was sufficient to increase the vascular action and the quantity of serous secretion from the eyes. Cold air also caused aggravation, with a sensation, as if there was grit or dust between the lids. Burning, itching in the eyebrows and eyelids; impaired sight; crusty formation on the edges of the lids during the night; burning sensations and passing scintillations in the evening; great pressure on waking in the morning; sudden flashes similar to electric sparks in the day time, worse on attempting to read, each letter appeared double upwards, or perpendicular to each other; lachrymation in the open air, and occasional suspension of the visual power, were more or less the prevailing symptoms in and out of the attacks, their intensity varied in proportion to the exciting cause. No remedy seemed to be in perfect relation to the totality of such symptoms, though some were so individually. The one which at times proved beneficial, was ineffectual, or aggravated the case, at others. Travelling, or a change of localities always relieved the sufferings for awhile.

In the spring of 1859 I went to the Channel Islands on business, when I made use of all those articles of food and drink which, before that time were injurious to me, and found that they became innocuous, even if taken in excess. My sight was clearer, and most all the other symptoms had disappeared. But the granulations still remained there. On my return I was compelled to relinquish improper diet, and to avoid excessive light, on account of a very severe relapse, which made me suffer the greater part of the summer in spite of the remedies employed.

During the winter of the same year I was apparently well, except the granulation; but reduced to a very strict diet, and totally excluded from high and cold wind. In the spring of 1860 I visited Guernsey again, and enjoyed the same privileges I did the previous year. But I had to discontinue them again on my return. The summer and winter passed tolerably well. But in the spring of '61 I had another severe attack, which went off in a few weeks, and I remained free till the summer of '62, when a return of the old enemy came on from proving the hydrosulphuretted waters of Harrogate (see a paper on the subject published in the July number, 1863, of this Journal, p. 353—77), and was relieved by using the same water externally.

In October of the same year I had another serious attack, which made me anxious, and resolved to put an end to the troublesome and obstinate affection, so subject to exacerbations from the slightest cause. Knowing from the authority of others that no case similar to mine can be considered cured until the granulations and state of the conjunctiva shall have been removed; and having in vain made use of the numerous remedies recommended to me by some of my professional friends, I was determined to

Take some new infection to mine eye,  
That the rank poison of the old may die.

And for this purpose I consulted our learned colleague, Dr. Dudgeon, who had treated a similar case in Liverpool, by the same process, whilst practising as an allopath in that city (see

his lectures on Homœopathy, pages 171—'73). Dr. Dudgeon kindly gave me his advice on the subject, and warned me to be particular in selecting the matter from the eyes of a person free from venereal virus, and to have some medical friend to look after me in case I should undertake the inoculation.

Whilst on the lookout for a suitable case to take the matter from, the idea of *Tart. emet.* came to my mind, intuitively. Better late than never, as the good old proverb says. A remedy which possesses some of the characteristic symptoms manifested in my case, but not one that covers the whole or the principal group: a remedy which had not been recommended by either of the colleagues whom I had consulted; neither has it been mentioned by any of the specialists in the diseases of the eyes with whom I am acquainted, except Dr. Peters of New York, who names *Tart. emet.* among other drugs as likely to be useful in such cases; but not one that has been used in similar affections before. He says, page 166, that it is one of the most Homœopathic remedies to purulent ophthalmia, but not to granulated lids, for the former may exist without the latter, and *vice versa*.

Neither does our materia medica point out granulation on the eyelids, though it does on the surface of the skin, e. g.: *pustular eruption on the whole body. Furunculous pustular eruption, the pustules filling with pus, drying up in few days, and sometimes leaving deeply penetrating, malignant ulcers. Pale, livid, blackish, depressed pustules, containing a bloody or blackish fluid. Pustules filled with blood, or bloody serum. Gangrenous ulcers, &c., &c.*, which phenomena are quite different from the granulations I had on my eyelids.

Be *Tart. emet.* what it may in relation to the disease under consideration, the idea of its selection proved a happy one. I took two grains, dissolved them in two ounces of dist. water, and used it in lotions on both eyes at the time twice a day. Notwithstanding the smarting caused by its application, I persevered in its use for two weeks, when I perceived the granulations diminished considerably, and my sight improved gradually. In the course of two more weeks there were no vestiges of granulation. I continued the same lotion (more attenuated)

every other day, allowing some intervals of repose, and at the end of two months' treatment the organs and the functions of sight were restored to their normal state, in which I am thankful to say I have continued up to this day, and hope to keep so in time to come.

*Tart. emet.* has not only destroyed the granular formation of the eyelids, but it removed at the same time an old wart, without dropping off, which I had for many years on the border of the upper lid of the right eye. This cuticular excrescence was subject to a considerable enlargement at the least exacerbation of the old disease, and proved refractory to every escharotic remedy previously used, so much so that I was many a time tempted to use the knife to remove it, but *Tart. emet.* accomplished its destruction gradually without any trouble or pain.

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## CRITICAL EXAMINATION OF THE OPIUM SYMPTOMS IN HAHNEMANN'S *MATERIA MEDICA PURA*.

By Dr. F. LANGHEINZ, of Darmstadt.

THE purity of the *Materia Medica Pura* as the basis of all Homœopathic practice has for years been a frequent subject of controversy. On the one hand Homœopathic physicians and writers have more or less positively asserted that many symptoms of *M. M. Pura* are *anything but* "pure." The purification of that work has been considered as a thing demanded by necessity; and in many quarters (as far as I know, chiefly by Dr. Roth, of Paris), steps have been taken to carry out this idea.

Much further have our opponents gone. The latest of them, Professor Karsch, of Münster, calls the whole *M. M. P.* "a thoroughly good-for-nothing composition, not worth the paper it is printed on." (The Wonders of Homœopathy. Sondershausen, 1862, p. 331). Now that the *M. M. P.* leaves much to be desired, I willingly admit; but whether Professor Karsch was justified in such a sweeping judgment, merely by the facts

adduced in the 25th letter of the said work, remains to be examined and doubted. At any rate, however, doubts had been already entertained, whether the M. M. P. was incapable of improvement, long before his time, and in fact by Homœopaths themselves. (Compare the Austrian Journal of Homœopathy, vol. i., p. 4, 5). That we ought not to judge H.'s work on *Materia Medica* of 1825, by the standard of our science at the present day, without making allowances, must be, surely, conceded as equitable. I, however, have no such intention. Such an examination I propose to make in a work to be published hereafter. But we may apply to H.'s M. M. P. the measure which he applied to the ordinary (Allopathic) *Materia Med.* so much the more, inasmuch as it being so much more perfect will supersede and overthrow the latter. Now, we have sufficient instruction on this point in H.'s "Examination of the Sources of the ordinary Mat. Med."

In reference to the employment of medicines to be proved (and therefore, in this case, Opium), H. informs us (in p. 35, of the said Essay) in the most decided manner, that any mixture of one medicine with a second renders it absolutely impossible to ascertain the curative action of any single one. With this agrees § 117 of the *Organon* (4th edition). For experiments on healthy subjects, every medicine must be used quite pure, without admixture of any foreign (medicinal) substance whatever.

The propriety of this injunction cannot be doubted; so we are not only *allowed*, but also *compelled*, to strike out of the M. M. P. all medicinal symptoms which originate from mixed preparations, &c.

According to H., the pure effects of medicines can in no wise be ascertained by observations on the *sick*.

"Never," says he (*Examination, &c.*, p. 47), "can the study of medicinal powers derive the smallest useful truth from the treatment of *disease*, even with single medicines, as to their *usus in morbis*." This is not quite consistent with what H. admits in the preface to vol. 1 of the M. M. P., page 4. There he will not deny all value to observations on the effect of medicines on chronic patients "with well known morbid symp-

toms, which were not confounded with the recent effects of the medicine which is the subject of experiment." They, at least, serve now and then for corroboration, where similar symptoms appear in pure experiments upon healthy persons. According to this, one may merely now and then expect a symptom observed in such a patient, and that only in an exactly defined disease, in which no rapid change of the symptom occurs; and then it should always be placed in brackets, as a sign of doubtful purity. Hence all other symptoms whatever, observed in cases of disease, are to be struck out.

Moreover, it stands to reason, that none but the pure experiments instituted with intelligence, or precise observations, *e. g.*, cases of poisoning with single (not with mixed) substances, ought to be reckoned as symptoms of the medicine in question.

If then there be found symptoms which, borrowed from manuals of *Materia Medica*, are adduced by the author merely in a general way, as expressions of the effect of the given medicine, without quoting the observations and experiments whence they have been derived, then these symptoms are also to be rejected, even although their correctness may not be doubted; because, very often a manual of *Pharmacodynamics* only repeats the quotations of its predecessors, frequently with but a slight change of expression; so that one finds one and the same symptom in three separate works, quoted in three different ways more or less alike, so that one might make three distinct symptoms out of it. In treating of the Opium symptoms borrowed from Tralles and Murray, we shall have occasion to revert to symptoms of this class. It may here suffice to have pointed out their inutility, in my estimation.

These are pretty nearly the principles on which the following critique is conducted; and, earnestly anxious as I am on the one hand to speak respectfully of the Founder of Homœopathy; so, on the other hand, I will not deny that *truth*, in my opinion, should take the precedence of *veneration*, and that the former should universally be, and *continue to be*, the single worthy object of our researches and criticisms. Finally, the justification of my critique on Hahnemann's work on Opium is seen in the result.



The *Materia Medica Pura* of S. Hahnemann, part 1, 2nd edition, Dresden, 1822,\* contains from page 280 to 316, the symptoms of Opium, which we may classify as follows:

|   |     |           |
|---|-----|-----------|
| 1. Observed by H. himself .....         | 119 | symptoms. |
| 2. Observed by others, especially after |     |           |
| internal use .....                      | 512 | „         |
| 3. Ditto, external .....                | 6   | „         |
| <hr/>                                   |     |           |
| Total .....                             | 637 | „         |

The 119 observed by H. are exempted from our criticism. I may just say six of them were female cases.

It seems to me useless to arrange chronologically those symptoms where the time of commencement after the introduction of the medicine is noted, since it is uncertain to how many individuals they belong.

Let us then, without delay, proceed to the consideration of the symptoms observed by others; and as is reasonable, first see how their purity stands according to H.'s own maxims.

Accordingly we must strike out, as obtained from patients, and therefore not admissible into the *M. M. Pura*, symptoms 5, 9, and 10; the medicine was given for violent pains. Symptom 15, in the case of a female suffering from sorrowful thoughts. Symptom 25, in patients who were about to be operated on. Symptom 17 in mental sufferings. I do not believe that the persons indicated in 15, 17, 25, can be reckoned as healthy. But those in symptoms 91, 92, 94, appear to have been quite seriously ill. Symptom 249 in one less indisposed (tooth ache). Further 288, very painful attacks. And 468, where the pulse is 108, *i. e.* a serious disorder is indicated.

Respecting the impurity of the above twelve symptoms—5, 9, 10, 15, 17, 25, 91, 94, 249, 288, 468—there is no doubt, from H.'s own rules.

Just so must we strike out symptoms 409 and 476, proceeding from Opium combined with *Liq. corn. cervi*=*Ammon. carb.*

\* As Dr. L. has used the 2nd Ed. of H.'s *M. M. P.*, the numbers of the symptoms and the paging will be found to differ from those of the 3rd Edition.

That the valuable symptoms 471 and 472 were observed in the case of frogs, H. informs us. So it must be mentioned merely on the score of completeness, that symptoms 31 and 470 arose after external application of the Opium, and therefore, strictly speaking, are to be reckoned in the last category. Thus following H.'s own maxims fourteen symptoms must be struck out, and there are no grounds for doubting the propriety of his rule. So there remain 498, which we will proceed to examine.

We begin with the revision of the Opium symptoms, which are derived from Hufeland's Journal, without proceeding exactly according to the order of the volumes. Symptoms 44, 103, 331, and 423, are borrowed from a treatise of Rademacher's on the dysentery which prevailed at Cleve in 1796, in Hufeland's J. iv. 3, p. 587.

"In dysenteric patients of weak constitution, where I concluded from the accelerating pulse that there was danger nigh, I gave 2, aye 3 drachms of Thebaic tincture, in 8 oz. of spring water; a tablespoonful every two hours." Rademacher cannot deny that these strong doses have many inconveniences. "The patient feels as if he were drunk (44); he complains of anxiety; at times he jerks with his arms (331); in a slumber when his eyes are often half shut he feels often with his hands here and there, as if searching for something on the quilt (423)."

The above named symptoms are therefore undoubtedly to be struck out.

Symptom 21.—Strength. Mathäi, Hufeland's Journ. p. 4, p. 134.

It is not possible to bring within a short compass, the history of the disorder of this patient, who was treated by many physicians for a long time with very many medicines, baths, vesications, &c. We must read over the history of the disease from p. 106 to 138, and shall be easily convinced that the amendment so well described at p. 134 may be considered as the curative effect of Thebaic tincture prepared without spices. But it can never pass for a symptom observed in a healthy person.

Symptom 168.—Flow of Saliva. Hargens in Hufe. Journ. 9, 2, p. 201.

An old woman who was living in a very wretched, emaciated, almost phthisical condition, was seized with a flow of saliva, whenever she took a small dose of Opium for colliquative diarrhœa!!

Symptom 37.—Vertigo. Mathäi, H. J., 11. 2 (p. 77).

Continuation of the history of the disease, from H. J., 8, 4. Symptom 21 observed in the same patient, from seven drops of Ekkard's tinct. Opii, *i. e.* Opium extracted with Alcohol and cinnamon-water (the caryophylli pertaining thereto purposely omitted).

We have now proceeded so far, that a considerable abridgment of our tedious but unavoidable journey is permitted for a space. Besides the above-mentioned pretended pure symptoms of Opium borrowed from essays and histories of diseases by Dr. Mathäi in H. J., vol. 8, part 4, p. 68 to 138, and vol. 11, part 2, p. 44 to 111, there occur in Hahnemann, fifty-two symptoms from the same source, namely, symptoms 38, 39, 46, 47, 49, 51, 54, 97, 106, 110, 112, 122, 126, 130, 144, 153, 179, 185, 194, 195, 201, 202, 204, 232, 261, 263, 264, 267, 269, 295, 297, 307, 332, 337, 347, 349, 353, 356, 372, 378, 379, 411, 414, 419, 460, 463, 466, 500, 502, 503, 504, 509, 512..

The more particular information concerning these symptoms is generally given as from "Mathäi *loc. cit.*" Yet sometimes, *e. g.* symptom 110, viii. 4. is added: again, symptom 112, viii. 4. and xi. 2: lastly, symptoms 201 and 202, the former (seen above) viii. 4, the latter xi. 2. In many places, therefore, one does not see at once whether the "*loc. cit.*" refers to viii. 4. or xi. 2 of H. J. But an inspection of the latter enables us very easily to supply the desideratum.

The reader may wish to compare symptom 21 with the symptoms taken from viii. 4: everything that is there remarked applies to all the symptoms from the same source. Those extracted from xi. 2 remain to be considered.

In this place (xi. 2) pp. 44-74, the highly respectable author C. C. Mathäi, the "Physicus" at Hameln, gives a theoretical

discussion which lies out of our way, though it presents materials that might very well be disputed; then p. 74-82, the continuation of the case in viii., 4; again, p. 82-94, under the title, "nervous stitch in the side," the case of a 40 year old peasant woman, who suffered from a complicated epidemic fever of long continuance, with extraordinary feebleness, stitch in the side, &c., exhibiting every character of adynamia or passivity. (p. 84, 85, *seq.*) She was long under medical treatment. Thebaic tinct. was the chief medicine, and the symptoms caused thereby, we read in the M. M. P. In Hufe. J., *loc. cit.*, there follows the treatment of a case of "unilateral paralysis," chiefly with Theb. tinct.; next, under the title "diarrhœa," the cure of a youth of 20, who had ruined himself by dissolute habits. At the beginning of his treatment by M., he had an evening pulse of 100, hectic patches on the cheeks, and cold feet with incipient œdema. (pp. 101-107.) Lastly (pp. 107-111), an observation on "Opium in Gout," in the case of a laundress, aged 30, to whom, besides Tinct. opii Ekkardi, liquor anodynii Hoffmanni was given.

These are all the observations of Matthäi respecting opium in the above mentioned two volumes of Hufe. J.; in fact, the sum total of all that M. wrote in that Journal. Any other sources for Hahnemann's citations are not imaginable, and the comparison of the two teaches us superabundantly that the Opium symptoms indicated in the M. M. P. as from Matthäi have, in fact, been derived from the above cited history of diseases.

Result—All the 53 symptoms recounted above are to be struck out of the M. M. P.!

Symptom 132—"Cherry brown face," besides 289, 325, 366, by Schweickert in H. J. viii. 3, I could not find. No doubt at p. 59 Hofrath Schweickhardt relates "that he would not have treated a patient of quality without a concerted deception," but Opium is never mentioned there, nor by Schweickhardt anywhere else in Vol. 8, as the index shows. This symptom, therefore, must remain on its own authority. Symptom 20 is in exactly the same predicament—"strength, briskness, self complacency."—H. J., xiii. 1. According to the Index, p. 205,

Vol. xiii., there is in the whole of the first part no mention of Opium. Are there errors in writing or printing here, and if so, how are they to be discovered or rectified?

As an instance how easily, even in critical controversial writings, incorrect citations may occur, I may here observe that in Prof. Karsch's "Wonders of Homœopathy," (p. 221, third line from top), Hahnemann's essay, "Are the impediments to certainty and simplicity in practical medicine insuperable?" are said to be from H. J. iv. 4, p. 106; whilst the essay in question occurs in the same work, *i. e.*, in H. J., Vol. iv., Jena 1797, 4th Part, 727 to 762. In the copy now before me from the Grand Ducal Library at Darmstadt, the paging goes right through the whole work in 4 volumes, and Part iv. begins with p. 609. The place quoted by Karsch occurs p. 737.

Let us proceed to examine the symptoms transferred into the M. M. P., from Aepli, senior, doctor and Hofrath at Gottlieben, near Constance, in H. J., Vol. xxv., Part 3, p. 118, *seq.* They are the following: 140, 143, 187, 321, 344, 362, 373, which occur under No. 5 of the above mentioned Essay by Aepli, p. 140. Here are the antecedents as briefly as possible:

A boy, 10 days old, was wrapped up for the purpose of being carried to church, in such a way that his arms were fastened with the bandage along side of his body, and the child could not move, and probably had "the gripes from acidity."

He cried pitifully, and, instead of "emollient clysters and undoing the bandage, he got 4 drops of Mathy's essence of Opium with a teaspoonful of tincture of Rhubarb."

Let us simply confront Aepli's and Hahnemann's symptoms.

|   |   |
|---|---|
| <p>This instantly stilled the sorrowful cry. The child was taken to church, baptised without uttering a cry, with eyes open and features somewhat distorted. At home this condition continued, and was accompanied by a total inability to swallow,</p> | <p>140. Distorted features, perfect silence, open eyes.<br/>143. Convulsive quivering of the facial muscles, lips, and tongue.<br/>187. Inability to swallow.<br/>321. Groaning, uninterrupted respiration.<br/>344. Blueness of the skin</p> |
|---|---|

with convulsive trembling of the body, especially of the limbs, lips, tongue, and pudenda.  
 muscles of the face, with attacks of opisthotonos, during which the skin, and especially the penis, became dark blue, and with interrupted sobbing, respiration.

862. Commencement of convulsive bending backwards (opisthotonos).

873. Convulsive quivering of the limbs.

The annexed not even very accurately extracted symptoms might well belong to Opium, but should be, at any rate, noticed only doubtfully in the M. M. Pura, when "gripes from acidity are presumed, and the Opium was given in the form of Mathy's Tinct. (what composition?) with Rhubarb."

We can also rapidly pass over symptom 141—convulsions of the facial muscles: (Knebel in H. J., xxvi., 2.) In a girl 8 years old (p. 148), Opium had no effect in whooping cough. The brain was seriously affected; twitching of the facial muscles, associated with continued stupor, came on. Another impure symptom!

An essay by Müller, of Plauen, occurs in H. J., Vol. xviii, Part 4, p. 52-62. "Memoranda on Blood-letting in Convulsive Disorders," out of which seven symptoms are taken, viz.: 88, 131, 145, 152, 335, 408, 409. A man debilitated through sorrow "of every kind, night-watching, frequent work by day, prostrated by severe vexation," took 2 drachms of anodyne liquid (not Cornu cervi, as Hahnemann states in symptom 409, p. 309), with  $\frac{1}{4}$  drachm of Thebaic tincture, 10 drops of which were taken every hour: (see p. 57, in H. J., l. c.)

Seven symptoms from a mixed medicine observed in a severe illness, worth nothing at all.

Considerably greater is the value of the symptoms of Hofrath Jördens, in H. J., xvii. 1, p. 126. Jördens made use of Opium, 20 to 30 drops of Sydenham's liquid Laudanum to procure sleep at night; it is not said that in other respects he was ill. Hence symptoms 190, 212, 436, which certainly have not been very accurately recorded, may be reckoned among the better ones, although this circumstance is opposed to their

purity, that Sydenham's liquid Laudanum—"Tinctura Opii crocata"—ought not to be called *pure* Opium.

We confront the two statements.

|  |  |
|--|--|
| <p>I generally took 20, 25, or 30 drops of Laudanum, and slept thereafter soundly and quietly, but felt in the morning a certain stupidity of the head, and, besides, the usual relief of the bowels ceased. Also I always observed next day a certain fullness of the stomach and diminished appetite. These and other ill consequences, &amp;c., &amp;c.</p> | <p>436. After sleep confusion of the head.</p> <p>212. Fulness of the stomach.</p> <p>190. Loss of appetite.</p> |
|--|--|

Hahnemann has borrowed the following symptoms from Stütz : 312, 358, 374, and 384. They occur in H. J., x. 4 ; and I have to remark upon them :

Symptom 358 : Numbness and insensibility of the limbs ; p. 35 in H. J. 4. 374 : Convulsive trembling of the limbs ; again, 312 : impeded respiration, tightness of the chest, p. 36 (not H. J. viii. 3, p. [?] where it is not found). 384 : "Laziness" I could not find, nor does it seem to be worth finding ; as these symptoms were observed—1. In a woman seriously ill with convulsions. 2. After the copious use of Kali carbonicum. 3. From Sydenham's Liquid Laudanum.

If, then, Hahnemann in his essay, "Examination of the Sources, &c.," in the 3rd Vol. of the M. M. P., shows by several examples (pp. 38-43) that the contemporaneous employment of other medicines permits no conclusion as to the effect of the single one, what shall we say to his having himself as late as 1825 offended so hardily against his own rule ?

Let us now pass on to the numerous symptoms which are transferred from Tralles into the M. M. P. The original sent for my use from the Grand Ducal Library at Darmstadt, bears the title, "Usus Opii salubris et noxius in morborum medela, solidis et certis principiis superstructus, à D. Balthasare Ludo-

vico Tralles, rel. Editio altera Sect. 1. Auctior. Vratislaviæ, 1774." The whole consists of 4 parts; the first of which contains 374 quarto pages, the 2nd 407, the 3rd 272, the 4th 248, in Latin. The reader will conclude from this that the revision of Hahnemann's symptoms in this book is neither easy nor agreeable; therefore, any error—which I shall endeavour to avoid as far as is practicable, will not be forthwith considered as a libel.

Symptom 12, Tr. 1, p. 122—"The gaiety of spirit from Opium, should rather be called a waking dream." Tr.: "The very hilarity and alacrity of mind (which arises, in some cases, from a moderate dose of Opium, that fleeting and temporary tranquillity and happiness) is a dream without sleep."

Symptom 17, Tr. 1, T. 98—"Makes one forget one's mental suffering for a time, and then settles into enchantment and refreshing happiness." This seems to me an undoubtedly correct result, taken by Hahnemann from the accounts of Tralles, *loc. cit.*, which, with the preceding and following symptoms, affords a suitable contribution to the characteristics of Opium.

Symptom 26 (Tr. 1, p. 98)—"In India those who are destined for execution take Opium, and thus steadfastly and daringly enduring a violent separation of soul and body."

Symptom 32, Tr. 1, p. 99—Opium produces intoxication in larger doses than those that cause gaiety. "There is an easy gradual passage to that which rather deserves to be called, intoxication and drunkenness." Again undoubtedly correct.

Symptom 37—Vertigo. Unfortunately, again inaccurate. "Thomson knew a man who for more than twenty years had used Opium for severe pains of the abdomen; on the next day he used to be giddy and stumble." So also:

Symptom 41, Tr. 1, p. 283—"A lady of quality and highest respectability, having suffered from periodical rheumatism in the region of the right upper jaw, became giddy, anxious and delirious, after repeated rather copious doses of Opium."

Symptom 45, Tr. 1, p. 101—Painful cramp from hæmaturia, "which banished sleep entirely." Took for this 6-8 grains of *Massa pilulor. de Cynoglosso*. Next morning patient complained that his head was heavy and confused, as if from wine over



night. A mixed medicine given in disease; the symptoms, therefore, certainly inadmissible!

Symptom 53—A sensation in the head as if one had awoke out of sleep after a hard drinking bout—Tr. 1, s. 101. In the case of many patients to whom Opium was given to alleviate their sufferings, no further ill consequences ensued than the above.

Symptom 68—"It is beyond all controversy that Opium causes a blunting and sometimes loss of the senses." Certainly correct, and quoted accurately by Hahnemann.

Symptom 89—Fear and timidity. (Tr. *loc. cit.*) I find no place that specially quotes these symptoms; yet I could not deny their correctness, as the result from the symptoms quoted, p. 125.

Symptom 91 was shown above as impure: so also Symptoms 92 and 94.

Symptom 96, on the contrary, is important, as notoriously observed on a healthy subject. The gradually progressing gaiety and happiness passes on to absurdity and unreason. Tr. 1, p. 122, is an abstract of the following:

After Kämpfer had swallowed some opiated electuary with some friends at a party, he relates as follows the inexpressible delight such as he never felt in his life, and what happened to him. "When the party broke up at night and we got on horseback, the power of the medicine raised different phantoms in our brains, the scene being, as it were, changed. For we seemed just as if we were borne along in Pegasian flight through clouds and rainbows; a bright tint of most elegant colours being presented to our eyes in every direction. On getting home we took our meal with the same delight as if we were supping with the gods."

Symptom 98, Tr. I. p. 90—Abuse of Opium in the case of a physician suffering from "febris maligna petechizans." Therefore to be struck out as impure.

Symptom 103—Anxiety, Tr. 1, p. 148. Abuse of Opium "by a lady of family, who was tortured with almost perpetual cardialgia." To be struck out.

Symptom 115, Tr. 1, p. 87—Tralles himself had, when suf-

fering from horrible pains of cholera, taken alternately Sydenham's liquid Laudanum, and thereafter observed that which is remarked in Symptom 115.

Symptom 116, Tr. 1, p. 288—Observed in the rheumatic lady in Symptom 41. Therefore, like that, to be struck out.

Symptom 181, Tr. 4, p. 190—Not quite accurately translated, "Opium retained for some time in the mouth was already observed by Mathiolus to produce small ulcers on the tongue and mouth." Qu. in healthy subjects?

Symptom 193, Tr. 1, p. 142—Again not pure, but observed "in females troubled with spasmodic affections." In similar persons, symptom 224, Tr. 1, p. 142—"So that perpetual flatulence caused uneasiness about the pit of the stomach."

Symptom 226—Abdomen distended, Tr. *loc. cit.* turgor abdominis connects itself immediately with symptom 224.

Symptom 229—Constant flatulence, Tr. 142 and 148.—P. 142–143, still belongs to the account of hysterical females, (see symptom 193), who suffered from perpetual flatus in consequence of the abuse of Opium.—P. 108—Perpetual formation of flatus in the case of the lady of quality, quoted p. 103. Incorrect in spite of the double citation.

Symptom 236, Tr. i., p. 141, and Symptom 238, *ibid*, p. 144, are not so much verbally accurate citations, but rather quite exact and true results out of the experiments and observations described by Tralles in that place.

Symptom 244—Constipation for several months, Tr. i., p. 145.

"In the case of a girl where Opium was the only antidote to many sufferings for some weeks—when she was restored to health, and had discontinued Opium entirely, I have seen constipation continued for months." Thus again observed in an invalid!

Symptom 245, Tr. i., 146—Again a very interesting history of disease in a new married woman, who, besides weakness of the chest, was wretchedly tortured with abdominal pains and vomiting. Opium alone could alleviate. Yet after every three or four days further aid, as clysters, &c., were needful for consti-

pation ; these expelled very hard scybala. This had occurred repeatedly, when once, during very obstinate constipation, by dint of oleaginous emulsion and lavements, the patient passed an immense mass of indurated fæces amidst unutterable pains very like parturition.

Symptom 280, Tr. i., p. 131, is composed of several observations on patients. 1. A beneficed clergyman had taken a large dose of Opium, from a Venetian physician, and reported that he had continued without sleep in a most charming ecstasy, and was harassed with priapism for twenty-four hours. 2. A very illustrious Count took, for hereditary gout, eight drops of Sydenham's liquid Laudanum and reported next morning that he had committed great venereal excess in a dream. 3. A respectable merchant took for chronic colic three to four grains of Cynoglossus, but after uncomfortable rest for four hours—"lascivis imaginibus deceptus castissima stragula poluebat," by which he was much enfeebled.

Symptom 304—Difficult respiration, Tr. *loc. cit.* (Query, where ?) Tr. *Experientia*, iv., p. 85. "It is a fact that Opium interrupts the freedom of breathing." The accuracy of this statement will not be disputed.

Symptom 355, Tr. i., p. 137—Seems to be the result of manifold observations, by Tr. and others. (Query, on healthy cases ?)

Before I quit the sudorific power of Opium, I will not omit the needful remark that the Opium perspiration induces slight efflorescence of the skin and at the same time causes a troublesome itching.

Symptom 386 (Tr. i., p. 110) is a proximately exact translation of the commencement of experiment X, and the result of the observations of Tr. himself. But query, if made upon healthy subjects ?

Symptom 387, Tr. i., p. 107—This symptom too seems to be rather a *resumé* than the result of one definite observation. It consists partly (*loc. cit.*) of the remark that a man had taken by mistake 3—5 grains of Opium ; and, after awaking out of the sleep produced by it, he began to walk, as he was

ordered to do, but staggered; and the muscular power was so far diminished that he could hardly put one foot before the other.

Symptom 400—He lay in a state of the greatest feebleness, Tr. i., p. 238. The whole of this and the previous page and the following two in part contain some theoretic reflections on the soporific powers of Opium, and the interesting notice that the more people perspire after Opium, the deeper is the sleep. Hence I cannot find the above symptom.

Symptom 417, Tr. i., p. 112—Here, too, we observe the *résumé* character of this symptom. Tr. "for that sleep has some admixture of the preternatural, and inclines to morbid lethargy."

Symptom 437, Tr. i., p. 282—A lady with several children of very excitable nerves, who on account of habitual spasms, was called "*Mater dolorosa*," took for a rheumatism in the neck that threatened spasms, one grain of Opium divided into four doses, to be finished within eight to twelve hours. After the third dose she slept for several hours, and at length awoke staggering, tipsy, and half delirious. The worthlessness of this symptom for the M. M. P. is evident.

Symptom 438—After the sleep, intoxication and vertigo. This symptom seems to be concocted out of the one above described ("*ebria*"), and the attack mentioned in symptom 41, ("*vertiginosa*.)" Hence equally useless.

Symptom 439, Tr. i., p. 122—"Those whose brain was laden with much thick and hot blood (whose circulation was accelerated either by febrile action or a wine diet) were harassed by terrific images and turbulent dreams, which allowed them no continuous rest."

Symptom 441, Tr. i., page 120—The sleep from rather large doses of Opium is not without dreams; a symptom deduced from observations, assuredly correct. Beginning of Exper. xi., p. 210, Tr. Translated exactly, as to the *sense*.

Symptom 442, Tr. vii., p. 121—Busied all night long with a host of images and phantasies during sleep. This, like the previous symptom is rather an abstract than an individual

observation, e.g., "I (Tralles) having paid particular attention to the effects of Opium for many years, have a hundred times over heard patients, when recovering next morning from such remedies, describe the illusions with which they had been deceived all night, as if they had received their evening pillow from the very hand of Morpheus."

Symptom 445—Sometimes agreeable, sometimes sorrowful, sometimes anxious and frightful dreams, Tr. i., p. 120. A translation exact in sense of Tralles' text without named observations; which however follow in the next page 121, *et seq.*

Symptom 457, Tr. i., p. 282—Starting in sleep. I understand it thus:—The sleeper during continued sleep makes the *movement* of being frightened, *e. g.*, the so-called starting and jumping; but I do not find this symptom mentioned in the place quoted. Is this conception correct?

Symptom 464, Tr. i., p. 122—When, with the previous use of Opium, sleep, the much longed for, does not follow; it nevertheless often happens that in its absence, and whilst they were wide awake, unbidden ideas arise and phantasms of various kinds, wonderfully unlike external objects.

Symptom 465, Tr. i., p. 125—Tralles himself had taken gradually moderate doses of Opium to relieve dreadful pains of cholera. "I well remember what terror the images of dragons, skeletons, and shapeless and misshapen faces inflicted on me between asleep and awake."

Symptom 506—Frequent perspiration, Tr. i., p. 134. A man had taken a very large dose of "Theriaca cœlestis" (!)—he was almost dissolved in sweat. Ibid—A story of a woman who took a quarter grain of Opium three times a day for a serious and painful diarrhœa. In the night she perspired so much that, almost swimming in her bed, she had to change her linen several times a day. Now, whether the symptom be abstracted from the former or latter history, is all one; since neither is derived from healthy subjects, and in the first case a mixture of medicines was given, instead of pure Opium.

Symptom 611, Tr. i., p. 138—In the case of a noble young lady, delicate and sensitive, subject to menstrual anomalies and

hysterical spasms, observed after Opium powder. Perspiration, with red miliary eruption (*purpuracea exanthemata*!) and itching.

We have, so far, revised a considerable number of the 518 symptoms, susceptible of collation, and tested them by the originals. Let us put together the result of what we have already done, in order to obtain an approximate idea of the trustworthiness of the remainder and of the whole.

|   |     |
|---|-----|
| Number of the symptoms gone through by us - - - | 134 |
| Impure according to H.'s own rules - - -        | 12  |
| Observed in lower animals - - -                 | 2   |
| The comparison of sources shews as impure - - - | 98  |

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Total of impure symptoms - . - 112

For the present unverifiable or decidedly pure - - 22

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General total - - - - - 134

Proportion to the whole, i. e., to the collected observations of others,  $518 : 112 = 4\frac{35}{56} : 1$ .

The painstaking and careful work of Tralles enables us to judge of Hahnemann's data, which relate to a number of other writers. We find in H. a number of writers, each of whom has furnished one or two symptoms. The access to all these authors is very difficult, and is sometimes not to be accomplished at all; so that many symptoms must remain untested. Here the work of Tralles can help us, where the identity of H.'s symptoms with those adduced by Tralles can be demonstrated. Now, this is the case with the following:—

1 Waldschmid—Symptom 203 and 246.

246, W. Monit. Med. Cir. Op., p. 17.

Tr. A surgeon imprudently gave a grown-up man an Opium clyster, and made the lower bowels entirely forget their duty. Purgatives acted with difficulty. In all probability this was a case of disease.

Symptom 203 could not be found.

2. Wepfer. Symptom 394—De apoplex., p. 25. Not unfrequently apoplexy.

Tr.—Wepfer testifies that narcotics taken immoderately, even alone, have not unfrequently produced apoplexy.

The question is about "Narcotics," not Opium in particular!

Hence we now turn to the symptoms which are taken from the Medical and Surgical Observations of Friedr. Herrm, Ludewig Muzell, professor and physician at the Charité, Berlin, 1754.

They are the following: 104, 111, 320, 361, 368, 369, 370, 476, and 506. They are found in the 2nd collection, Berl. 1764, as Hahn. correctly states, p. 131, *et seq.*

The servant of a Count of the Empire in 1760, had one morning fancied himself unwell, and without medical advice had, at a venture, taken a good gulp from a glass of his master's, containing medicinal drops; shortly after there followed (104) extraordinary anguish of the heart and (111) severe pains in the head. He got from a surgeon an ordinary dose of Rad. Ipec. without effect. The author (Muzell) being called in, found the following symptoms, the enumeration and criticism of which may be omitted, because M. found that these "drops" were composed of an aqueous solution of Opium, mixed with "Spir. Corn. Cervi."

Why does Hahnemann mention this only in 476, and not also in the rest of the symptoms? Why does he admit them into the M. M. P.?

In the 1st vol. of Dr. John Freind's works, after the *Prælectiones Chymicæ*, which are dedicated to that celebrated man, Isaac Newton, there is a lengthy treatise, "*Emmenologia, &c. Lugd. Batavorum, 1734,*" which, in 14 chapters, treats of everything pertaining to the subject. From the 14th chapter on the powers and operation of remedies, the five following symptoms are borrowed: 19, 354, 403, 415, 505; and here we must remark, that the paging in Freind's copy before us must be different from that in the copy which Hahnemann had before him. In the former, chap. 14, extends from p. 191 to 240 (the whole in Latin), whilst Hahnemann quotes chap. 14, p. 139. In p. 197 Freind gives a short account of the action of Opium on the blood. It is assumed that the primary action of Opium

consists "in sanguine attenuando." Corroborative experiments, &c., are not related.

19. Serenity, gaiety, contentment, increased strength. *Animus alacer, vegetus, paccatus, vigil, vires corporis instauratæ.*

374. Cutaneous eruption and sometimes itching. *Efflorescit cutis, nonnunquam et prurit*, p. 198.

408. The tone of the muscles is relaxed, so that a kind of paralysis follows. *Tonus partium ita vacilat, ut relaxentur admodum fibræ*, p. 199.

415. Sleepiness, slumbering, stupefaction. *Succedat aut stupor, aut somnolentia, aut ipse somnus.*

505. It almost always provokes sweat. *Sanguine attenuato et velocius quam consuevit ad cutaneas glandulas delato, succedit libera perspiratio et sudor.*

One sees already from these few specimens that here a theoretic recapitulation of the effects of Opium is given, but not a report of experiments on healthy persons, the results of which Hahnemann professed to give in the M. M. P.

The number of symptoms taken from Bergius's Mat. Med. is considerable. There are fourteen of them. The edition of which I shall make use for the purpose of revision belongs to the Grand Ducal Library at Darmstadt, and is entitled *Materia Medica e regno vegetabili sistens simplicia officinalia pariter atque culinaria. Secundum systema sexuale, &c., fideliter digessit Petrus Jonas Bergius, M. D. Stockholmiæ, 1778.* In vol. ii. I find p. 452, under No. 287, *Papaver somniferum*, and p. 456, Opium, its species, preparation, appearance; then p. 457, seq., the effects of Opium applied externally, and then taken internally. Hahnemann's Symptom 48, quoted as at p. 248, refers to Aconite, so that Hahnemann must have had a different edition from mine. But his symptoms are 48, 56, 58, 77, 101, 114, 176, 341, 385, 388, 414, 432, 467, 475. They are all from the effects of Opium taken internally, p. 457 and 458 (contained in 29 lines), and the sufferings from its abuse.

This again, is but a short enumeration of the leading symptoms of Opium, as they occur in a concise work on Pharma-



codynamics (a fundamental work demands a much more minute detail of particulars), which, however, are not founded on experiments especially instituted, and therefore are on principle, inadmissible into the M. M. P., which should only contain the "language of Nature fairly interrogated." If then it were our object to attack or injure Hahnemann, much material for the purpose might be obtained here. There are, for instance, in the external employment of Opium, several very instructive experiments on frogs, adduced by Whytt and Alston, of which Hahnemann gives but one, viz. 471. I hold it enough to have shown the uselessness of the above fourteen symptoms for a really pure Mat. Med.

The symptoms transferred from *Murray's Apparatus Medicaminum* into the M. M. P., I revise from in the *Editio altera aucta, curante Ludovico Christoph. Althof, Göttingen, 1794*, as only this was accessible to me. We have to notice a considerable number of symptoms from this source.

First, however, let us take the opportunity to rectify symptom 1, from *R. Ouwens' Noctes Haganæ, Preface, p. 14*. The conscientious Murray furnishes me with the needful in p. 284, 285.

The venerable old Ouwens, formerly rector of the school at the Hague, at the age of 90 nearly, was for the last twenty-five years, especially in the evening as soon as he had gone to bed, most severely harrassed with convulsions and distortions of all his limbs. At last the poor old fellow had recourse to Laudanum (Sydenham's liquid). After a few drops all movement of the limbs ceased, and then followed the symptoms described under symptom 1, which, although very interesting, yet do not belong to a pure Mat. Med., since no one can say what is due to the Opium, what to the disease, nor lastly, to the crocus of the Laudanum.

Again, symptom 484. Rolandson Martin tells us that the temperature was diminished, as indicated by the thermometer, after taking Opium, but afterwards the perspiration was increased. The circumstance of Murray's citation agreeing literally even to the abbreviations, with Hahnemann's, (namely *Vetensk. Acad. Handling, 1778, p. 2, No, 7*), leads me to suspect that

the symptoms before us may be taken from Murray. May not many a symptom be due, as in this case, to compilations, and Hahnemann's immense acquaintance with books be thus more explicable? The original being in a language unknown to me, renders it impossible for me to verify symptom 484.

As regards the symptoms borrowed immediately from Murray, Hahnemann refers us to p. 281 and 282. Here, accordingly, in the two pages, all the twenty-three symptoms are contained. Let us examine them:—

At p. 277 M. observes very truly that, to understand the effects of Opium in many severe disorders, it is needful to premise its *general* effects. This he does from p. 278 to 291, where the author passes on to the diseases which Opium cures. This dissertation quite bears the character of actual experience from many clinical observations, which, beyond doubt, must be considered true; but, for all that, do not belong to a pure Mat. Med., because nothing but the effects of medicines positively ascertained upon healthy subjects ought to form a part of it. Therefore, because it seems to be very probable that many, nay, most of the said symptoms belong properly to Opium, I am inclined to recognize their conditional admissibility (in brackets) and specify them here.

Symptom 27, vertigo (p. 281); symptom 114, heaviness of the head (*ibid.*); symptom 131, redness and swelling of the face (*ibid.*); symptom 147, immobility of the iris, when a candle is held to the eye (page 283); symptom 156, humming in the ears (p. 281); symptom 172, Opium causes painful stoppage of serous secretions, “per lotii viam,” and of salivary glands; and also of the mucus from the nares and larynx; symptom 177, dryness of the throat and tongue (p. 281); symptom 180, thirst (*ibid.*); symptom 191, want of appetite for food and drink (p. 283); symptom 210, inefficacy of emetics, however strong (*ibid.*); symptom 225, collection of flatus in the stomach and intestines (*ibid.*); symptom 237, obstinacy of the bowels (*ibid.*); symptom 265, (vide symptom 172 the beginning;); symptom 276, “venereal stimulus increased, with tension so strong, that even old men are not exempt, and the priapism

continued in Turks after they were killed in battle." "At night, pollutions occurred, with lascivious dreams." This observation on Turkish soldiers is undoubtedly correct, and may be considered and valued as made in the case of healthy subjects. Symptom 301, respiration quicker and more difficult (p. 281); symptom 383, languor and fatuity (p. 285); symptom 284, languor, dislike to the things around him, and a sleepiness, which is apt to come on after the power of Opium has abated; and fatuity, stupidity, sadness, loss of memory, into which Orientals pass gradually by a more protracted and copious use of Opium. Thus extracted by Hahnemann, carelessly, and with omissions of importance. Symptom 446, sleep, which is often disturbed by dreams, now agreeable, now frightful, and from too great doses or too frequent, easily degenerates into lethargy, nay, into fatal apoplexy, accompanied by convulsions. Here too, again, are important points passed over by H. Symptom 489, accumulation of blood in the brain (p. 281); symptom 492, a quicker movement of the blood cannot but increase the temperature (281); symptom 493, the vessels turgid (*ibid*); symptom 494 (*vid.* 492), increased temperature; symptom 510 is compiled from p. 288. Diaphoresis succeeds so much more copiously even from small doses, that even the perspiration often smells of Opium, and itching of the skin, with exanthema, comes on in addition; and further, without any connection with this (p. 288, quite at the top) that instances of the loss of touch, sight, and smell, owing to Opium, are recorded.

These are the symptoms borrowed from Murray. The reader easily sees that here the question is not about an intentional proving of Opium on the healthy, but rather that M. very cursorily relates the main symptoms of Opium. It is, however, striking that H. does not communicate a distinctly described experiment by some friends of the author's, in order to ascertain the effect of Opium on the circulation, although we have here before us clearly an experiment on the healthy.

Let us here give the report of this experiment by the industrious Murray :—

Samuel Bard had (compare symptom 470, of the M. M. P.) observed that, after 1-5 gr. Opium, the pulse, after one hour, had fallen from 71 to 69 per minute, and after four hours to 57. At another time from 70 to 62. After this account, Murray proceeds:

- "The same result followed in the case of some friends of the author, who submitted to the same experiments. One of these, who took Opium in the evening, observed next morning that, in the first minute, the pulse was accelerated by 30 strokes."

That is evidently an intentional experiment on a healthy subject, the reception of which into the M. M. P. was well worth while.

The same remark which was made above upon Murray, viz., that his statements of the primary effects of Opium could be nothing more than a *resumé* of previous observations (on patients), but by no means bears the character of a relation of experiments instituted, must here be repeated, as soon as we take a view of the symptoms taken from Geoffroy. The edition used by me was entitled "Tractatus de Materia Medica, &c. Auctore Stephano Francisco Geoffroy, Doctori med. Parisiensi, rel. Venetiis, apud Nicolaum Pezzana, 1742." In this book, (Part ii. of the Mat. Med. of exotic Plants, p. 557, &c.) there occurs a detailed account of the symptoms ensuing on the use of Opium, whether in proper or immoderate doses, which are very numerous, and of which H., nevertheless, has taken only the following six :

Symptom 221—It retards the digestion of food in the stomach, diminishes the appetite.

Symptom 272—Induces discharge of urine, sometimes suppression.

Symptom 277—Erection, lascivious dreams and discharge of semen in sleep.

Symptom 352—Redness of the skin, and slight itching.

Symptom 505—Stops all excretions except perspiration.

Symptom 517—Opium applied long to the skin strips it of hair, excites itching, and sometimes ulceration and vesication.

Why H. only incorporated these few symptoms in his work,

I cannot explain, only that these, like all of similar origin, are very good in themselves, yet do not belong to a pure Mat. Med.

From Van Swieten only 5 symptoms are taken. The work that was consulted was "Gerardi van Swieten, Med. Doct., commentaria in Herm. Boerhaave Aphorismos. Tom. i., edit. ii., Lugd. Batav., 1745."

Symptoms 5, 6, 87, 366, 394.

Symptom 5 is pointed out by H. himself in a note as not being a "pure" symptom.

Symptom 6, v. S. Com. 1, p. 149 and 335—"When strong mental affections disturb the whole body and irritate the entire nervous system, then we had recourse to those means which lull the spirits to sleep. \* \* \* The juice of the poppy, a small quantity of which produces the most joyous feeling that can be conceived, and, like Helen's Nephthes, a forgetfulness of all one's ills."

Symptom 87, d. 372—It cannot in the least be denied that the unreasonable use of Opium in great quantities is capable of producing delirium, &c.

Symptom 366—Convulsions (*ibid*).

Symptoms 394, p. 325—By the imprudent use of it, they can produce fatal apoplexy.

Here, again, no gain to the M. M. P.; though perhaps it may be corroborated by the following narrative of Van Swieten's, which comes immediately after symptoms 87 and 366, p. 372. "The youths of Captha, in order to conquer one of their companions who boasted that he could beat them all in drinking, gave him unawares over their cups, a drachm of Opium dissolved in a glass of wine. In a few hours the wretched man was in the worst state of delirium, and afterwards lay buried in a profound sleep. Next morning they called upon the poor fellow to crow over him as conquered, and found him lying pulseless, livid and dying. In a short time, after trying some even sufficiently violent remedies, he died, fifteen hours after taking the Opium. Livid tumours as large as the head of a 4 month's child, disfigured the arms and thighs of the corpse, accompanied with an intolerable stench. A hundred cats from

the neighbourhood ran in crowds, and licked the body with such avidity that they would most assuredly have devoured it if they had not been carefully watched."

The searching of Reinegg's work in Blumenbach's Medical Library, which is quoted at Symptom 24, was attended with some trouble. It is found in the 2nd Vol. of the Medical Library of John Fredk. Blumenbach, Part ii. (1785), under the head "Addenda," p. 370 to 386, and is part of a letter which Dr. R. wrote from St. George, Nov. 13, 1784, to Baron Von Asch, Petersburg. According to this Hahnemann's indication, "I. i.," is to be corrected.

In considering these symptoms, we must adopt a different plan from that we have hitherto pursued, as by the separation into individual symptoms arranged according to the several organs, their value is much diminished, or even nearly destroyed; and R.'s essay without doubt contains the most valuable instructions which, as we have hinted, only have their full value when in connection. Let us, therefore, first listen to this careful observer, and along with the text attach to his information the number of H.'s symptoms in each corresponding place. In this way it ought to be easy to be just to both parties.

"A young man who has a mind to accustom himself to the immoderate use of Opium is initiated in the following way. His master first gives him some grains of this juice in wine or brandy and then a quantity of the latter to drink after it, till a heavy fit of drunkenness deprives him of all sensibility and throws him into a deep sleep. After seven or eight hours he is roused by shaking, however much the overpowering effect of the sleep fetters him, and has to drink a great deal of cold water. But each cup he throws up with vomiting, nausea, and retching, and with eyes full of tears, stares on the bystanders without recognising them, or knowing what passes before him (Symptom 150). At last they give him warm wine with nutmeg. Now he no longer vomits, but sleepy and unconscious, yawns often, and by this time sleep threatens to overpower him again, when they give him a second, *but doubled* dose of Opium. Laughing, crying out, dancing, noisy music keeps our scholar for some hours in a state of utter unconsciousness. He wants to

talk, but the organs of speech remain immoveable, though his mouth is open (Symptom 164). He goes through a number of silly actions (Symptom 95) which excite the laughter of the bystanders—*e. g.*, he stretches out his arm to reach the guitar, and at the same instant forgets to take hold of it or to draw his arm back, and the like, until at last he falls asleep smiling. After four hours' rest the sleeper is again awakened and doused with cold water, his eyes washed with vinegar, and every possible art employed to drive away sleep. They drag him out of bed, force him to walk, but hardly will his stumbling feet obey, until they are at last with much trouble put in some sort of motion (Symptom 376). The scholar stammers out (Symptom 165) some half intelligible words, and complains that he is cold (Symptom 479); they give him warm wine, he finds himself better, and longs to eat, but hardly has he swallowed a few morsels after tedious chewing, when hunger and appetite flee away (Symptom 196, 190 ?). He wishes to sleep, to which, however, he is not left till within a few hours before the expiration of the period, which is reckoned from the last dose of Opium. Scarcely has he rested these few hours when he is awakened forcibly and obliged to take again the same quantity of Opium, whereupon he is again treated as before. Thus the system is day by day accustomed to this medicine, and already between the 8th and 11th day the scholar feels the desired effect of the previous treatment; he goes about, it is true, with a swollen face and bloodshot eyes, but his very peculiar significant look testifies to an inward happy feeling of a quiet state (Symptom 102). But this joy is not lasting; when the effect of the Opium fails again, which with beginners is usually the case in 24 hours, he feels great anxiety (Symptom 105), restlessness, frightful images all around, shivering and nausea, which do not pass off till he has taken another dose of Opium. Then these sufferings cease, and a quiet agreeable intoxication sets in for 10 or 12 minutes (? C), and ends with the liveliest imagination of the very ideas which the Opium-eater wished to experience. If, for instance, he sets his heart upon anger, he becomes passionate even to fury, and is capable of no other idea than this. He

sees not the danger (Symptoms 24 and 27) into which he blindly rushes at all risks, and even the person whom he attacks in his terrific rage.

“On the other hand, if he wishes to give himself up to amiable gentle feelings, he stays quiet, smiles with internal contentment, seeks to testify of his happiness in perfect silence to those around; until after the intoxication has evaporated he leaves off dreaming, returns to humanity, and goes about his business in tranquillity. Still he feels a certain timidity, becomes forgetful (Symptom 76), incapable of any of the finer feelings (Symptom 83 in part), and for ever indifferent to pain and pleasure (Symptoms 62 and 286).

“The Opiophagus requires continually larger quantities, and at shorter intervals. Afterwards an ounce is hardly enough for the day, and now he becomes dull, and in this state of apathy in every sense extremely miserable.

“Sleep flees from him, no dream in the slightest degree recalls the memory of former enjoyment; the Opium itself becomes disgusting to him (q. whether Symptom 192?), and yet a state which is otherwise intolerable and dangerous, compels him to the frequent use of it, and he never dares for fear of his life leave it off while he lives! His figure becomes quite deformed, his face swollen, with its muscles immoveable and hanging quite flaccid, (Symptom 121?) his eyes bleared, his whole body feeble (Symptom 396) and collapsed, as his bones refuse their sufficient support (Symptom 382). He is always chilly (479 and 480), rolls himself in all warm places, baths, and hearths, being incapable of rational ideas (Symptom 71), he forgets decency (Symptom 83 in part), and becomes an abhorrence to all men, until at last dropsy (Symptom 342) puts an end to his misery.

“In this cheerless unimpressible condition, many have recourse to Mercury (Corrosive sublimate) which they chew and often spit out with their saliva (168 not a pure symptom), which in a short time causes indescribably disgusting ulcers, with the beard plastered and stained with saliva and pus.

“At last speech fails the Theriaki,” *i. e.*, Opium-eater (Symptom 162?). He groans lamentably the moment any



one interrupts him in his enjoyment; and if he be actually robbed of this medicine, which is only killing him slowly, he falls into the most violent convulsions, of which many have died; so that this is often adopted as a means of sooner putting an end to the inconceivable torment of men who have thus become an abomination to others."

The Opium-eater can only with great difficulty give up the habit, because "the torment is too great, unless the unhappy wretch takes fresh Opium the moment the former dose ceases to act." Some have rid themselves of the pest by the copious use of vinegar. Others forget the Opium by smoking green dried leaves of hemp (*Haschisch*), which after a few whiffs completely stupify and intoxicate, &c.

As a preservative means for such as take 20 grains of Opium every morning and dread the continual increase of the dose, a preparation of 1oz. of Crocus digested in sweet wine and slightly boiled is of use, the decoction strained off is evaporated to the consistency of honey, with 1oz. of chopped Opium mixed with 1oz. of Ambergris, evaporated in the water-bath to dryness; divided into two portions, one of which is enough for a month.

This weaker mixture maintains the power of coition (Symptom 287 not pure) "whilst it is disturbed and extinguished in the case of Opium-eaters (286), however much they are at first excited to it" (compare Symptom 282). Hysterical women, who are rare in Asia, often acquire from Opium "an incurable periodical eructation, which renders them intolerable and obliges their husbands to divorce them" (229 not pure). Opium is better and more easily endured by Asiatics than Europeans.

**A FATAL CASE OF POISONING WITH OPIUM.**—A person of quality poisoned himself on account of a gross fraud, at an evening party where he ate much, drank still more (wine? sherbet? brandy?) whereupon he took 2 boluses of Opium, 1½oz. in all. Suddenly he was seized with painful spasm of the bladder compelling him to pass water frequently; the urine passed with much pain, scanty and green in colour. Soon after violent eructation, which ended in stupifying intoxication

and quite natural sleep. Very early next day grinding of the teeth, convulsions of all the limbs, mouth very full of foam (371 not a pure symptom, as we shall see presently), and eyes closed fast, pulse soft and slow as yesterday. According to the account of a servant, the patient often suffered from epilepsy, though *here* certainly was no fit of epilepsy. In the 4th hour of the day (Sept. 22), the convulsions ceased, froth often ran from the mouth (168 not pure any more than the last). The eyelids no longer covered the eyes which were dim and bloodshot (133). Pulse slower and smaller, breathing less frequent; at the 7th hour no more signs of life. The foam at the mouth disappeared; very red blood dropped slowly from the nose; the corpse was not stiff, remained limp till the 3rd day, when it was buried, but after some days disinterred with a view to punish the fraud which was in the mean time discovered. The hair everywhere came out at the slightest pull, the linen on the corpse was stained very red with blood; the limbs still flexible as ever, not the slightest cadaverous smell. The corpse after being dragged about was thrown into the river and cast back by the waves, but of many dogs that stood around not one ventured to bite it. Birds of prey picked the legs bare, and left the rest of the body to putrify.

Of the thirty symptoms transferred from the careful work of Dr. Reinegg to the M. M. P., six are not pure, viz: symptom 66, after Opium, Wine, and Nux moschata; 168, during the use of Merc. sublim.; 28, Opium with Crocus and Ambra; 229, in the case of hysterical women; 168 and 371, in that of a man most probably epileptic.

If we compare the other symptoms, their purity (except some inaccuracies of expression) is not to be disputed. However, they present a very different aspect before the eyes of the reader than the author's exposition before us, which is given quite unaltered in the parts essential to our purpose. Above all things we miss in H. the very important remark, that Opium gives the thoughts and feelings of the Theriaki (Opium-eater), a definite direction which can be chosen *ad libitum*, even to the last extremity. Thus the Opiophagus can revel not only in rage, fury, and pugnacity, but also in the gentle feelings of

compassion, &c. So the very important phenomena which the scholar (one might call him novice) displays during his initiation and preparation to become a Theriaki, cannot well be recognized in H. as belonging to this stage.

Even if no objection were to be made to each individual symptom in general, yet their collective mass is by no means a living picture of the effect of Opium on Orientals, as Reinegg's work gives it; and one may say, without being invidious, that accuracy and precision will not be adjudged to H.'s extract from the above-named treatise.

H. has taken twenty-six symptoms from George Young's *Treatise on Opium*: Edinb., 1753. The English original is not at my service, so I avail myself of the translation by J. A. Lübeck, which appeared at Bayreuth in 1760: "A Treatise on Opium or the Juice of the Poppy, founded on practical observations." Many small differences, *e. g.* a disagreement in the paging of the two works, the substitution of one synonym for another easily explain themselves, and can afford ground for no reproach against H.

We shall now go through these symptoms:

Symptom 25 (p. 102).—Opium, taken two or three hours before a serious operation, gives courage and steadfastness, both in body and mind. It does not diminish the pains of the operation, but enables the patient to stand it better. I consider this observation to be quite correct, and a proof that Opium acts in the same way on surgical patients, and on the healthy. Compare symptoms 24, 26.

Symptom 37.—Vertigo: by H., on himself, after forty-nine drops of laudanum (liq. Syd.), to get rid of an incessant dry cough, like a measles cough. Amongst the unpleasant symptoms was also vertigo (p. 37); and symptom 42, vertigo, with confusion of the head, not pure any more than the last.

Symptom 89 I was unable to find in Young, verbatim. It is, on the whole, no loss either, if of the twenty-seven symptoms taken from Young, one or more are missing; they were all—not only symptom 260—observed by Young in his own case, when he had taken for a cough, to which he was very subject all his life, on several occasions, two to thirty drops of laudanum,

whereby, in general, the cough was, "apparently," cured next morning, "but by afternoon the cure was over when the action of the Opium was over." Young made another experiment:—"When," says he, "I was in full blood," when, after thirty drops, "the cough remained quiet," but symptoms 128, 291, 296, and 308 occurred; lastly, several symptoms, after the experiment related under symptom 37.

Briefly, all the symptoms reported by Young, proceeded first, from Laud. liq. Syd., which is notoriously Opium and Crocus; secondly, they were observed by Young on himself in a state of disease, and hence not suitable for a M. M. P. Any one who will read over the third section in the original, "On the effects of Opium and on sleep, &c.," p. 34–39, will convince himself that my judgment must be considered very lenient, and that many other reasons could be adduced to justify the rejection of symptoms 37, 42, 89, 107, 127, 128, 156, 166, 178, 219, 260, 290, 291, 298, 308, 310, 336, 429, 430, 431, 450, 459, 462, 487, 494, and 498.

Symptom 13 forms an advantageous contrast to this; it was extracted from the "*Opiologia Georgii Wolfgangii Wedelii Jenæ, 1862.*"

Symptom 13 (p. 165).—A distinguished person, to prepare for serious business, very often took Opium, with the best effect, and attained his object, as symptom 13 truly records. Important as an experiment on a healthy subject.

Symptom 182 (p. 27).—Opium detained a little while in the mouth ulcerates the tongue and palate. This seems likely to be correct, though no special experiment is directly quoted.

Symptom 206—"Experience testifies that vomiting often follows on the morning after the exhibition of Opium." But query, whether in healthy persons? (W., p. 92).

Symptom 278—"We have often found that nocturnal pollutions with tentigo have been occasioned; a fact of which we could cite many instances, only that we have a scruple about publishing the names of the patients" (p. 129). To be struck out.

Symptom 279, p. 128, cites the examples of the Indians

and Turks ; also of the Chinese who use Opium “ ad venerem excitandam.”

Let us here consider together two other symptoms, as Wedel puts in our power to judge of them, viz. :

Symptom 182—Ungovernable lasciviousness ; from “ J. J. Saar’s Journey to the East.” The Chinese make use of Opium with such effect “ ut per totam noctem veneri litent.” This is probably not to be doubted.

Moreover Symptom 294—Inactivity of the sexual desire. Renodæus writes, “ that it is well known by experience that Opium rather restrains the venereal estrum and renders such emotions slow.” This, too, I can believe to be correct.

Next, let us further hear Wedel :—

Symptoms 285 and 286—“ Garcias, of the Garden, not only denies that Opium is an aphrodisiac, but relates that he has observed barrenness produced by it.” This, too, may be correct.

Symptom 505—“ Opium provokes sweat.” Another perfectly correct observation, though no particular example is adduced. But whether it is an observation on the healthy cannot be decided from the whole chapter iv., p. 89–91, so that its value for the M. M. P. is doubtful.

But certainly Symptom 287 is to be rejected.

Right well may the few symptoms of Ettmüller be considered here. They are taken from “ Michaelis Ettmülleri de virtute Opii diaphoretica dissertatio, Lipsiæ et Jenæ :” the copy before me being from the Grand Ducal Library, without date.

Ettmüller gives, in cap. i. which treats of the effects of Opium, “ in partes contentas,” a short *theoretical practical* view of its action as we have often seen it already in Bergius, Murray, and others; sometimes more briefly, sometimes more at length. Thus, in section 3 (not 5) is announced that (Symptom 177) “ some dryness of the throat and tongue,” and (Symptom 180) that “ urgent thirst” are produced by it; and that, “ with a gentle flux and reflux of the blood, of course a slower movement of the lymph follows.”

Thus neither of the phenomena is by any means the result of physiological experiment, such as the M. M. P. demands, but they are results correctly deduced from clinical experience, which if compiled from several Manuals of Pharmacodynamics will naturally give plenty of "Symptoms." But what is the use of such rubbish?

Symptom 223—In spite of the *loc. cit.*, I could find neither in the 3rd, 4th, or 5th section. In sect. 3 we read "Opium is apt to restrain the natural discharge of the contents of the anus or bladder."

Symptom 391—This symptom too is not to be found either verbatim or in substance in one of the sections indicated; and the small value of the others may plead my apology if I did not search further for it.

We proceed to the examination of Willis' Symptoms. These are found in "Pharmaceutice Rationalis; sive Diatriba de medicamentorum operationibus in humano corpore, autore Thoma Willis, M.D., Hagæ-comitis, 1674."

Symptom 55, W., p. 307—"I know that some have incurred from this medicine dulness or stupidity, and others amentia." Query: Is the question here one of physiological experiment, or of accident, *i.e.*, excessive doses, &c.

Symptom 78—"The frequent use of them (narcotics!) weakens the memory in many persons." Eheu!

Symptom 79—In the case of one who, *in fever*, had taken a pretty strong dose of laudanum! and this for the M. M. P.!

Symptom 154, W. p. 305—A strong man (query, in health?) was killed by Opium. He did not sleep till "the last sleep, death itself came over him." Immediately after swallowing the poison he complained of intense stomach sufferings; then of cold; "presently he was seized with extraordinary languor with total sinking of the spirits and cold of the extremities, and in four hours, complaining that his eyes grew dark and quite blind, he expired." Might not this darkening of the sight have been an immediate harbinger of death?

Symptom 189—"All hunger ceases and food is by no means desired." W., p. 309.

Symptom 214—See above, the history of symptom 154. To VOL. XXII., NO. LXXXVII.—JANUARY, 1864. D

this belong the words, "statim de insigni ventriculi gravamine conquestus est."

Symptom 222—"The digestive power of the stomach is often weakened."

Symptom 273, W. p. 302—"I have learnt from frequent observations that Opium powerfully promotes urine."

Symptom 323.—Not to be found verbatim in "loc. cit.," *i. e.* p. 305, (see S. 55) unless the following account may be taken for it: "I have observed others immediately on taking this drug, getting languid; then they used to become short-breathed, and to fail more and more; nor would their vigour be restored by any cordials, but after gradually failing they breathed their last."

Symptom 350.—Also not to be found in the place indicated.

Symptom 385.—"Weariness at once." The words pertaining to this, see symptom 323, "statim languescere solebant."

Symptom 395.—"Gradually failing, they breathed their last." See symptom 323.

Symptom 407.—"Remarkable languor, with total depression of the spirits." See symptom 154, p. 305.

Symptom 425 (p. 305).—"I remember some, after taking a laud. pill, immediately slept so profoundly, that they never could be awakened; they lived three or four days, with pulse, respiration, and temperature normal."

Symptom 479.—*Ibid.* A contrast to the preceding—very feebly indicated by H. He complains of chill; others sleep little or not at all after Opium; "but I remember their circulation, respiration, and temperature were soon afterwards impaired."

Symptom 482 (see symptom 154).—Extremities growing cold.

Let us cast a glance at Willis' symptoms collectively. They are, with the exception of symptom 378, all out of lect. vii., cap. ii. "De Opii nocumentis ac incommodis, quibus subnectuntur cautiones circa usum ejus." Nowhere is there question of physiological experiment, clearly, they are just reminiscences of medical practice, as the opening of the chapter distinctly teaches, where Opium, when it succeeds, is

compared to a coin, which on one side (the proper use of the medicine) shows an angelic face, but on the other (the abuse) a downright diabolical one. On this account these symptoms do not belong to a M. M. P., but besides, it is highly censurable that (as the extract before us shows) they are so torn to shreds and tatters, that they are unrecognisable; and also quoted with so little accuracy, that symptom 328 was only to be found conjecturally, and 350 not at all.

I have no hesitation in asserting the great negligence and inaccuracy of this part of the work on Opium.

Very interesting information on the medicines in use in Egypt, the methods of treatment in use there, &c., is contained in the work: *Petri Alpini de medicina Ægyptorum libri, 4: Paris, 1645.* The contents of the three first books do not concern us, except the first chapter on alterative medicines used by the Egyptians. Pages 116 and 120 contain the symptoms quoted by H., except sympt. 85. They are the following: 18, 22, 74, 75, 85.

We shall notice these symptoms somewhat out of this numerical order in H.

Symptom 22.—Cheerfulness, disposition for business, courage, p. 219.

“They think that men, after an interval of two hours become cheerful and more prompt in going through their duties, with special aptitude for war and love.”

Symptom 75 (p. 220).—Opium-eaters are always lazy and intoxicated.

“I remember many who became, as it were, drunk and stupid from such medicines.” This does not correspond with sufficient accuracy with symptom 75 in H. Yet it seems to be taken from these words of the author.

Symptom 74.—Opium-eaters are sleepy, and almost stupid. This rather-vaguely expressed symptom is more accurately explained as a symptom or phenomenon (by the note to symptom 81) which occurs only when there is absolutely no Opium action present in the system; when the storm of the Opium action is over, and the relaxation consequent upon it represses all exertion. Alpin has seen many who got rid of



the slavery to Opium by the free use of Cretan wine, spiced. They suffer injury from Opium, however: "their bodies are rendered very cold, their functions are impaired, and they appear almost always intoxicated and torpid."

Symptom 84, lib. iv., cap. ii, p. 121: "Opium-eaters become comatose and lethargic, and almost stupid, and are considered by every one to be inconstant, for they first say 'yes,' and then 'no,' and every one avoids dealing with them."

This is, beyond a doubt, clear and correct.

Symptom 18 is a collection of several data. Compare symptom 22.

Moreover cap. 11, p. 121: "After taking Opium they soon get very noisy, and talk all sorts of things, and fancy they are stronger for getting through their several duties, and also between asleep and awake keep gazing at gardens and green lawns ornamented with very pretty trees, herbs, and flowers in profusion."

It would have been important to bring forward what Alpin, in p. 222, illustrates with examples, viz., that the Opium-eaters if they go beyond their regular time of taking it, incur the most serious symptoms.

If the value of these symptoms is undoubtedly great, and a place in the M. M. P. cannot be refused to them, we must, unfortunately, assert the very contrary of those that immediately follow; I mean the account furnished from Christophorus Schelhammer's "*Miscellanea curiosa, sive Ephemeridum medico-physicarum Germanicarum Academiæ naturæ curiosorum decuriæ ii. Annus v, anni, 1686, rel. rel. Norimbergæ, anno 1687, p. 25,*" under observ. xii. of an unintentional poisoning by Opium.

From this history are borrowed the following symptoms: 35, 36, 40, 64, 65, 70, 82, 178, 357, 359, 377, 398, 402, 418, 435, 455, and 481.

A detailed examination of these symptoms is not needful, because the poisoning was effected by swallowing nine pills of 1 gr. each, which pills consisted of *Massa pil. de Styrace* dr. 3, *Opium* dr. 1, so that these 9 pills contained  $3\frac{1}{2}$  gr. Opium and the same quantity of Crocus. I might here, if speaking for myself,

easily fall into a sharp or quite reproachful tone; but I shall let H. himself may say how "a man arrogates for a pet medicine the glory of a cure (also of a medicinal action), whilst the other medicines used at the same time which were not less powerful, might, at least, claim to themselves that glory in an equal degree. The gentle reader is requested to shut one eye tight, and to permit the author to let everything given along with it pass as inert!" Examination of the sources of the ordinary *Materia Medica*, pp. 38, 39.

Boerhaave's writings have only supplied four symptoms to the M. M. P.

The edition used for the search bears the title "*Hermanni Boerhaave, phil. et med. Dr. etc. Prælectiones academicæ in proprias institutiones rei medicæ edidit Albertus Haller. Lugduni Batavorum, 1758, 6 vols.*"

Symptom 10 (tom vi.).—*Συμπτωματολογία* (or *symptomatology*), p. 238.

"When a moderate dose of Opium is given to one unaccustomed, he is changed in such a way that he does not sleep, but feels a kind of delight, like as one who has been translated to the Elysian fields; and then most delightful if he has been thoroughly tortured with pain previously."

What follows leads one to suspect that this observation may have been made on the sick, even without the last clause, "and then most," &c.

Boerhaave proceeds: Navi (?), who had taken Opium for gout, swore that "they would gladly purchase a perpetuity of that condition with everything that was most precious to them."

Symptom 184 (tom iv. p. 377).—*De somno*.

"Opium is so acrid, that when placed on the tongue it excites an almost intolerable sensation of heat."

Symptom 514 (*ibid.*)—Immediately following: "applied to the skin as a plaster, it produces vesication."

The symptoms which are ascribed by H. to Haller, in *Prælect. in Boerh. instit.* may be considered here. There are five of them, viz., 73, 108, 210, 489, and 505. We notice them at once. Symptom 73, tom. iv., p. 376, remark x.—"Taken in greater quantity it sets one to sleep, and by continual use, as in the East, stupifies and renders insane."

Symptom 108 (*Ibid*).—"Now it is certain that the circulation is accelerated by Opium and blood determined to the head."

Symptom 220.—Weakens the stomach. In *loc. cit.* the question is about the stomach only twice, and, in fact, first in the case of a dog whose stomach was found excoriated by the acrimony of Opium, after he had been killed with  $1\frac{1}{2}$  dr. of it; secondly, a man who after an excessive dose of Opium complained of anguish in the stomach and died in four hours. It is uncertain on which of the two accounts is founded symptom 220, but certain that it is worth nothing.

Symptom 489 is verbatim the same as symptom 108.

Symptom 505—"It provokes sweat."

One cannot easily conceive that Haller here reports the results of experiments on healthy subjects, they are far more like accounts of the effects of the Opium as found in every manual of Pharmacodynamics. If one wants to construct the M.M.P. out of such sources, let him take one manual after another, extract the symptoms recounted there, and the register will grow so much the larger the more manuals he uses. But whether a M. M. P. is to be manufactured after this fashion may be very problematical, where those symptoms are chiefly taken "*ab usu in morbis*," and this fountain of knowledge is pointed out by H. himself as a *very impure* one!

Sypmtom 309 is from G. Clauder in *Miscellanea curiosa sive Ephemeridum, &c., &c.* Compare the symptoms from Schellhammer, *ibid.* Observ. 178, p. 361–364. The part that interests us occurs in p, 362, below, and 263.

Clauder himself poured spirit of vitriol, i.e. diluted sulphuric acid, on pulverized Opium, (Geiger, *Pharmazie* I. B. 2 Aufl. p. 278), and directed the obtained extract to be evaporated to dryness at a low temperature. He took of this mixture, evaporated to the consistence of a thin extract, about ten grains, and lay in bed without a "trace of sleep, but was troubled with a painful tension of the left shoulder with asthma, so that I was apprehensive of pleurisy, with which I had been twice familiar."

This symptom, though observed in a healthy subject, must be rejected, owing to the presence of sulphuric acid.

Also the works of the celebrated English physician, Richard

Mead, have contributed some symptoms of Opium to the M. M. P. The second vol. of the medical works of Richard Mead contains three Essays, the first of which, on Poisons, interests us. I make use of the Latin translation, published at Göttingen, sold by Abr. Vandenhoeck, 1749. H.'s quotations do not accord with the page numbers of the edition before me.

Symptom 3 (Hahn., p. 190), p. 183—"They who have taken Opium in moderation, without being accustomed to its use, enjoy so much tranquillity with freedom from all pain, that no other happiness seems capable of comparison with the delightful sensation of this ecstasy." No question of indifference to earthly things!

Symptom 11, immediately before symptom 3—"They seem to be so ravished with a feeling of pleasure that they fancy they are in heaven! They do not always sleep, because the pleasant images presented to the mind, being stronger, like dreams, turn the whole force of the imagination to themselves and thus hinder rest, but they enjoy them." See above.

Symptom 109—In a prefatory theoretical discussion on sleep and its commencement, which should at the same time give the key to the action of Opium, it is said in conclusion in p. 182—"but they diminish the contents of the blood vessels of the brain, and in some way impede the derivation of the nervous fluid into the organs." Thus, the question is neither about a physiological experiment, nor about a dissection of a person poisoned with Opium! Precisely the same words recur in symptom 490!!

Symptom 394 (Hahn. p. 188), p. 189—"It is manifest that apoplectic symptoms will follow from a pernicious, excessive dose of Opium." Whether this is the passage meant by H. I know not, but I cannot find any besides. On the grounds already often assigned, I would not admit these symptoms either into the M. M. P.

Symptoms 2 and 9 are taken from Observation 80 of the *Miscellan. curios. s. Ephemeridum Medico physicarum, Decuriæ ii., annus 10, Novembergæ, 1692.*

No. 2 is the effect of Opium in the case of one troubled with kidney disease, p. 152 below. No. 9, like p. 151, in the case of

a patient, suffering from incontinence and perpetual dribbling of urine owing to a calculus, who lay there as tranquil "as if he were in the bosom of God." H. allows that this symptom is not pure in the note.

Symptom 283, from Observation 69, p. 129 of the *Miscell. curios. sive Eph. Medic. Physicar.*, annus ii. Jena 1681, is not so much an observation, as a result deduced from reports, analogies and observations. Opium in some stimulates, in others restrains venery.

With much pleasure we hail the symptoms marked "Grimm, Act. nat. cur. iii." They occur in *Nova acta Physico Medica Academ. Cæsar. Leopoldino Carolinæ natura curiosorum exhibentia Ephemerides rel. rel. Tom. iii. Norimbergæ 1767.* The vol. before us is dedicated to the Emperor Joseph. II. There we read, p. 75, "Obs. 19, Dr. Joann. Frieder. Caroli Grimm effectus quidam Opii in corpore sano observati." This memoir furnished the following twenty-six symptoms, viz. :—57, 100, 123, 155, 166, 188, 200, 201, 211, 251, 252, 292, 300, 322, 329, 330, 338, 344, 376, 412, 428, 451, 453, 461, 486, 508.

I shall try to give as true a translation and as literal as possible of the Latin original, in so far as it relates to the symptoms, and to give as brief an abstract as possible of the remainder.

In order to prove the effect both of the use and abuse of Opium, "one whom I well know (says Grimm) took before bed time one grain of crude Opium. That night the small quantity had no marked effect on the healthy body. He slept indeed at first, as if anxious and plagued with many, mostly sad dreams, so that he seemed to be in a somnolent state, a prey to constant delirium (S. 458), but the subsequent rest removed the injurious consequences thence resulting. At that time the breathing was hurried, tight and anxious (S. 300), with quicker and feebler pulse than in the normal state (S. 486). After about eight hours he perspired all over the body (S. 508), and was next day quite well, only with a slight diarrhœa, very fetid (S. 252); face swollen, especially under the lower eyelids (S. 155), with blueish and earthy pale complexion (S. 123); tongue white (S. 166), weakness and torpor of the legs (S. 338), such were the unusual symptoms present on this day.

“Accustomed to the use of neither sedative nor stupifying medicines in any way he became bolder, and inspirited through this danger, from the example of a highly renowned Englishman, he tried something rather more difficult, though he could hardly advise others to take the like quantity, viz., he took, when in good health in the autumn, four hours after breakfast, three grains of the best crude Opium. In the first hour he remarked no abnormal symptoms, except sadness (*mærorem*), (S. 100) and weakness of the mental powers (S. 37). In the second hour, viz., 5 p.m., feeling faint he went to bed (S. 412). He lay in bed, moderately warm, covered up, tortured with all sorts of anxiety in the *præcordia*, constantly inclined to sleep, which yet he could not manage, whilst his pulse was slower (S. 461). There arose gradually in both *hypochondria*, but especially the right, a pain which seemed to seize the region of the colon (S. 329). As it grew more violent it produced such tension in the collective integuments of the abdomen that never could a finger be introduced under the margin of the false ribs towards the diaphragm (S. 330). At last, between seven and eight in the evening, it increased to an incredible degree of severity, the rhythm of the respiration was at the same time completely disturbed (S. 323), he dreaded suffocation and worse evils and hastily got out of bed in the greatest anxiety. In the greatest distress and gasping with open mouth he wandered with trembling limbs several times across the room (S. 376). \* He felt awfully hungry (approaching to *bulimia*), and yet shuddered at food (S. 200). Passed much lemon yellow urine with copious sediment; but retaining his sound senses, he noticed that his pulse was slower and weaker. His pale skin, papillated with cold (*Ang. goose skin*), secreted abundant perspiration (S. 508). At nine he took a lemon and drank some cups of tea. Now also the cramp in the muscles of the chest and abdomen began to abate, and so did the pains, his cold hands got a little warm, some eructation followed (S. 211) and, what was remarkable, with that frightful difficulty of breathing was associated a hoarseness, the glottis seemed to be tightly contracted, and the gullet dried, the larynx could with difficulty remove a little phlegm by hawking. After

the expiration of this hour most of the torments were over. The bitter taste of the mouth (S. 188) was removed by nausea (S. 201), and this again by vomiting the tea, lemon, and mucus of the stomach. To slake his thirst, he sipped several cups of warm tea, and lay down directly to sleep; within two hours his feet got warm, and he began between eleven and twelve to sleep anxiously and overwhelmed with dreams (S. 428 and 451), but afterwards softly and quietly. At five in the morning slight, general perspiration (S. 508). Upon this he left his bed little refreshed by sleep. He directed the business of the following day with all his powers excepting those of his intelligence (S. 57). Before mid-day there occurred a stool of frothy, liquid mucous fæces, with itching, burning, and extreme straining (S. 251), which last continued many hours, and caused more discomfort, than a great part of the symptoms of the previous day. Then everything returned to the healthy state, except that for this day the tongue was dry and white (S. 292 partly), and the whole body pale and livid.

There is little or no reliance to be placed on the Symptoms 14, 15, 84, 444 and 452 indicated with, "de Ruef," &c. They occur in the "Appendix ad tomum v. Novor. Actor. Medic. Physio." in the 1st memoir "Morbona Ritteri," p. 63, under this head, "Opii Effectus."

Whether these symptoms were observed in healthy or diseased subjects, or from what other source they are derived cannot be seen. I believe they might, without injustice, be struck off the list.

The same unfortunately is to be said of symptoms 93 and 198.

From the account by Dr. Joh. Dav. Mauchart in *Academiæ. "Cæsar. Leopold. naturæ curiosorum Ephemerides Centuria i. and ii. 1712."* M. himself suffered from a dull headache, which soon concentrated itself in the region of the "Processus mastoideus dexter," and tormented him under the form of Clavus. For the very violent pain that evening he took nearly  $\frac{1}{2}$  gr. of crude, "Opium elegantius." He found speedy relief, and there occurred the above symptoms. See p. 66.

These symptoms, though very interesting in themselves, do not pertain to the M. M. P. as being observed in disease.

From John Hunter's treatise on the Venereal Disease (translated from the English, Leipzig, 1787,) come the five symptoms, 136, 227, 267, 346, 501. These were observed in two patients. No. 1 had an ulcer in the throat for three months, which, in appearance as well as from previous circumstances, seemed to be venereal. At first he took, twice a day, 2 gr. Op.; then three times a day 3 gr.; in five days after, four times a day 3 gr. Hereupon symptoms 136, 227, 346 set in. In a few days the poor fellow died.

No. 2 had an ulcer on the leg. For seven weeks the usual external remedies were used; but the patient found himself at the end in all respects worse: he got no sleep from continual pain, and his strength was rapidly sinking. He took 2 gr. Op. every two hours, and that for twenty-three days! No sleep. They proceeded to give 4 gr. every two hours by day, and 8 gr. every two hours all night. Hence symptoms 267 and 501.

The rest may follow verbatim from Hunter, p. 641:—

“On the third day, after patient took the last named dose, he awoke out of a short sleep with delirium; this lasted twelve hours, whereupon he got very weak and was attacked with nausea with a languid pulse. After three or four hours the delirium recommenced, which lasted forty-eight hours; with the return of the delirium the pulse at once rose and attained a considerable degree of power, when the delirium ceased, the patient fell into a sound sleep which lasted perhaps eight hours; and awoke then very quiet, though weak. He gradually recovered.”

The rejection of these five symptoms after this, need no further apology.

The five following Symptoms are taken from Chardin's Journey to Persia:—61, 99, 340, 397, and 483. H. refers to p. 203, 204, vol. iv. of the Amsterdam ed. 1771. This edition I could not obtain. The Grand Ducal Library contains the following: “Voyages de M. le Chevalier Chardin en Perse et autres lieux de l'Orient, à Amsterdam chez Jean Louis de Lorme, 1711. 3 vols.” In the second vol. of this edition, chap. xvi., p. 66, treats of sweet and strong liquors. The remarks on Opium in this chapter are at p. 68 and 69.

Being unable to assert positively that H. had always in his



mind the passages fixed upon by me, since many symptoms are not to be found quite verbatim, I set H.'s expressions beside the passages in question, lest what is perhaps a blunder of my own should be laid at his door.

Symptom 61.—All the mental faculties, all the senses blunted. *L'usage immodéré de ce suc affoiblit l'esprit et les sens* (p. 68, 2 col.).

Symptom 99.—At first ecstasy, and after that sorrow and dejection.

“They become gay, afterwards they explode with laughter, and afterwards act and utter a thousand extravagances, like buffoons. After the action of that villainous drug the body becomes cold, gloomy and stupid.” Pages 68, 161, middle.

Symptom 340.—Frightful pains, which pierce through the marrow of the bones.

“That they are from the age of 30 troubled with pains in the nerves and bones.” Page 28, 2 col. below.

Symptom 397.—Unfit for any labour, languid and feeble.

“When they enter the tavern they are gloomy, worn-out, and languid.” Page 69, 1 col. above.

Symptom 483.—Cold with stupefaction. See above S. 98.

It is suprising to me that H. has not adopted for the M. M. P., the result of an experiment made by Père Ange de St. Joseph on himself, at Ispahan (recounted by Chardin, p. 68), where undoubtedly very important and interesting symptoms occurred. Moreover here, also, H.'s extract can by no means be called careful and precise, as I shall elsewhere show, and any one can satisfy himself, who will give himself the trouble to read over the places in question.

I do not in the least doubt the truth of the above symptoms.

In the new journal of foreign medico-chirurgical literature, edited by D. Haller, Professor at Erlangen, and Dr. Ritter, iv. part 1, Nuremburg, 1805, are communicated some experiments by Dr. Ward, on the effect of the external use of Opium, from p. 159 to 160 in the extract. Hence are borrowed symptoms 199 and 468.

The following is Ward's account:

In a boy of 15, whose pulse averaged 108 per minute, it sank

to 88 after 2 dr. Opium had been rubbed in for ten minutes, and in fifty minutes it had gone down to 72. These experiments were repeated several times on the same person, and always with the same results. Immediately after the rubbing he felt cold all over, as if in a cold fit of ague. He lost his youthful gaiety, and complained of great fatigue, at the same time his appetite was amazingly increased, so that he declared in all his life he had never felt such mighty hunger.

I doubt much whether a youth with a pulse of 108 can be called healthy; yet I cannot say he was not, but just add that the experiments of Crumpe, to which I had not access, from which symptoms 72, 314, 474, proceeded, and which tend to exhibit the stimulant properties of Opium, are pointed out by Ward as "partly not pure, partly taken with a false view, and which the experiments of others contradict flatly.

Here I close my examination of the Opium symptoms introduced by H. into the M. M. P. loc. cit., under the head of "the observations of others." It will be objected to me that my aim, viz. the critical examination and valuation of all the Opium symptoms in the M. M. P. has not been made good, which, in fact, I must admit *pro forma*, though I dispute it in substance.

A number of the symptoms in question which H. took from an "essay" by Stapf, C. A. Cubitz, and S. Gutmann, cannot be compared with the originals, because the said essays have not been published, which so far I consider a loss, as these very essays were the reports of Provers, which were handed over to H., and which he seems not always to have admitted verbatim into his symptom-catalogues. Compare *Chronic Diseases*, vol. ii. Alumina, p. 35.

A further series of symptoms, which have not yet been mentioned, are found in works not now accessible to me. From many of these works just a single symptom is taken. It does not seem to me, that the passing over of these symptoms can have any influence upon our final decision.

In my opinion, after the preceding elucidations, the decision upon H.'s work on Opium, as regards that part of it capable of being collated, can only be stated so far, that so large a propor-

tion of the symptoms were notoriously observed in sick people, or after administering mixed remedies, *e.g.* "Massa pilularum de Styrace," Tinctura Opii Crocata, &c.; and also so many others have been borrowed from manuals of Mat. Medica without its being any how ascertained that they were records of observations on the healthy, but rather generalising abstractions from observations on the sick who took Opium, and in short, the number of the demonstrated observations on the healthy can only be by far the minority, that the insufficiency and *impurity* of H.'s work on Opium is hence quite evident.

Even on the improbable supposition that the uncollated symptoms, will all and each bear criticism, the above verdict could not be gainsayed, because even then about the half would still remain to be rejected, and such a work could not possibly stand as available and good.

There arises, therefore, out of this, the necessity of a new edition, a remodelling of the Opium symptoms, which shall be free from the faults we complain of, and which shall have all possible regard to the very great progress which medical science has made in the mean time. I have made a beginning, and will lay this work some day before the friendly reader, of whom I now take my leave, begging his great indulgence for the defects which fall personally to my share in the performance; but for rigid and unsparing judgment of the circumstances and data on which the flourishing and prosperity of our science depend.

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## ANALYSIS OF DR. GROVER COE'S WORK ON CONCENTRATED ORGANIC REMEDIES.

Arranged by ADRIAN STOKES.

(Concluded from vol. xxi., p. 611.)

SPLEEN, Congestion of.—*Hydrastin, veratrin.*

INTESTINAL IRRITATION.—Hyoscyamin, "*dioscorein*," Euphorbin, Juglandin, Caulophyllin, Asclepin, Gelsemin, Atropin.

**PERITONITIS, Acute.**—Asclepin, Digitalin. Dig. after Asclepin, moderates arterial activity, and tends to avert effusion.

„ **Chronic.**—Sanguinarin.

**HÆMORRHOIDS.**—Collinsonin, Digitalin, Hamamelin, Hydrastin, Leptandrin, Podophyllin, Veratrin.

**COLLINSONIN**, in languid and atonic states, and chronic piles, when most obstinate and inveterate. It relieves the pain, and stops bleeding. Is a most valuable remedy. Dose at first five grains every two hours ; then two grains and one grain every four hours.

**DIGITALIN** has been employed with much benefit in the treatment of colliquative hæmorrhoidal discharges.

**HAMAMELIN.**—In blenorrhœa of the rectum, bleeding piles, prolapsus ani : locally and internally.

**HYDRASTIN.**—We know of no better remedy than this for the treatment of piles, locally and internally.

**LEPTANDRIN** is most valuable in piles, owing to its power of removing congestion in the veins of the mesentery and rectum ; its action is rather slow, and we usually prelude a dose of Podoph. We use Hydrastin locally if there be pain or bleeding.

**PODOPH.**—When piles depend on a sluggish state of the portal circulation, this remedy gives prompt and complete relief.

**CONSTIPATION.**—*Evonymin, irisin, juglandin, leptandrin, menispermin, podophyllin.*

**EVONYMIN** is one of the most reliable agents we possess for the relief of obstinate constipation. It acts slowly, but influences powerfully and enduringly the excretory function. It should be used perseveringly.

**LEPTANDRIN** is a tonic, and in constipation and piles with atony of the intestines will be useful.

**MENISPERMIN** is tonic and alterative, and will do much good in atonic dyspepsia with constipation and feeble circulation.

**IRISIN** and **JUGLANDIN** are tonic, deobstruent, and resolvent, and not directly stimulant to the intestinal fibres. Podophyllin may be studied under “Torpor of the Liver.”

**COLIC, Flatulent.**—*Asclepin, baptisin, collinson., dioscorein, gelsemin, juglandin, populin, viburnin, xanthoxyllin, solidago, rhein.*

ASCLEPIN quickly relieves in doses of five to ten grains every twenty minutes, until spasm gives way and the wind is expelled. It acts better if given in warm water. One dose may suffice.

GELSEMIN as a sedative.

VIBURNIN also.

POPULIN as an alterative.

The wonderful efficacy of Dioscorein in bilious colic will make it an indispensable remedy for the treatment of that disorder. Relief is prompt and certain. Dose four grains every half hour until relief is obtained. It will be speedy.

[He does not mention Hyo. as a sedative, or remedy for colic in nervous women.—S.]

JUGLANDIN in bilious colic. Five grain doses. It is a tonic and deobstruent.

XANTHOXYLIN is a permanent stimulant, giving tone to the muscular fibre, like Juglandin.

SOLIDAGO, Oil of.—Soothing in infantile colic: also for flatulent pain in the belly in adults, with fainting.

COLLINSONIN expels wind, relieves pain, and relaxes spasm. Cramp in stomach, flatulency, and colic soon yield to this medicine.

RHEIN in the colic of children, caused by the retention of acrid or fermented ingesta.

**ENTERITIS, Mucosa.**—*Gelsemin, leptandrin, digitalin, baptistin, myricin, veratrin, hamamelin, euphorbin, lycopin.*

The special indications are considered under Diarrhoea and Dysentery.

DIARRHOEA, Catarrhal.—Asclepin opens the skin, harmonizes the action of the nervous system, and soothes the mucous membranes.

BAPTISTIN in chronic or asthenic cases.

CERASEIN in convalescence from acute attacks when there is atony of the membrane.

**COLLINSONIN**, two grains every two hours. It soothes pain, deterges and heals the mucous membrane, quickens the glandular and absorbent vessels.

**DIOSCOREIN** is a fine medicine to soothe pain.

**GELSEMIN**. ditto. See Fevers.

**GERANIN** acts as an astringent. Myricin, tonic. Juglandin, Leptandrin, Geranin, Myricin, Hamamelin, Hydrastin, Rhein, Stillingin, Rhusin, Rumin, and Lycopin, all act best in *chronic diarrhœa*, or in atonic states following acute attacks.

**DYSENTERY**.—Asclepin, Cerasein, Collinsonin, Gelsemin, Geranin, Eupatorin Purp., Juglandin, Leptandrin, Lycopin, Myricin, Rhusin, Stillingin, Veratrin, Trillin.

**ASCLEPIN** in the febrile stage to induce diaphoresis.

**GELSEMIN**, for controlling spasmodic action of the bowels. It far exceeds any single remedy we have yet employed. It is useful to soothe the irritability which causes tenesmus.

**LEPTANDRIN** is useful in mild cases, and in chronic. When false membranes have been formed in the intestines by the gradual exudation of plastic lymph, Lept. may be relied on for their removal. Dose two to four grains two or three times a day.

**JUGLANDIN** corrects the acrimony of the secretions, obviates putrescent tendency, soothes irritability of the mucous surface, and favours normal secretion.

**EUPHORBIN** in chronic dysentery, with ulceration of the bowels. It is an arterial sedative.

**EUPATORIN PURP.** in dysentery, with low symptoms, or putrid dysentery.

**LYCOPIN** in chronic dysentery, or when there is ulceration of the bowels.

**MYRICIN** used after morbid accumulations or secretions have been removed; as a tonic. Dose two grains every two hours.

**TRILLIN** is antiseptic, and is given in order to correct fermentation or putrescence.

**VERATRIN** to meet the inflammatory symptoms and fever at the onset of an attack, and

**RHUSIN** when fever is subdued: tonic.

**CHRONIC DYSENTERY.**—Lept., Rhus, Myricin, Still., Hydrastin, Hamam., Lycopin, Ceras., Collins., Geran., Cornin, Xanthox.

**CHOLERA, Infantum.**—Collinsonin, Dioscorein, *Euphorbin*, Fraserin, Leptandrin.

**COLLIQUATIVE DIARRHŒA.**—Cerasein, *Frazer.*, Euphorbin, Myricin, Rhein, Rumin.

#### HÆMORRHAGE FROM THE INTESTINES.

**GERANIN** in passive hæmorrhage from any of the mucous membranes. Administered by enema in the case of hæmorrhage from the bowels. Dose three grains.

**HAMAMELIN** in hæmorrhages of a passive character, when the pains are weak : specific.

**COLLINSONIN** acts promptly in checking bleeding from the bowels, and especially in piles, soothing pain.

**WORMS.**—Gels., Chelonin, (*Ascaris lumb.*, and *Tricocephalus dispar*)—Helonin, Leptandrin, Apocynin (*ascaris vermicularis*), Euphorbin.

#### AFFECTIONS OF THE RESPIRATORY ORGANS.

**LARYNGITIS Chronica.**—Leptandrin, Evonymin, Stillingin, Apocynin, Hydrastin, Sanguinarin.

**CROUP.**—Hyoscy., Lobelia, Macrotin, Podophyllin, Sanguinarin, Veratrin, Gelsemin.

All these remedies are relaxant and sedative, or antispasmodic. Their individual action is thus remarked on by Dr. Coe.

**LOBELIA** must be given in full emetic doses so as to obtain its relaxing action. The secret is, to give enough!! [Save us from our friends!!—S.] In mucous and spasmodic croup, dose 3 ij to 3 ij every half hour. It wont hurt the stomach : for after using a Lobelia puke a man can in half an hour sit down and eat a good dinner, aye, and digest it, too!!!

**PODOPHYLLIN** prepares the system for the reception and better action of other remedies.

**SANGUINARIN**, generally combined with Eup. perf. or Lobelia, because its emetic quality is very acrid.

**VERATRIN** gives prompt relief in mucous and spasmodic croup. It is peculiarly appropriate in membranous croup on account of its anti-plastic quality, preventing the formation of false membranes. It relaxes spasm, lessens arterial excitement, and promotes diaphoresis.

**BRONCHITIS, Catarrh, Cold.**—Asclepin, Senecin, Macrotin, Euonymin, Apocynin, Euphorbin, Hyoscyamin, Lobelia, Hydrastin, Leptandrin, Sanguinarin.

**SENECIN.**—In coughs, colds, and catarrhal complaints Senecin is valuable, especially where mucus is plentifully secreted. Add Hyos. if there be pain in the chest, or night cough.

**MACROTIN** is a fine expectorant, and a soother of nervous irritation. In chronic bronchitis it is very useful. Leptandrin promotes secretion.

**HYOSCYAMIN** in obstinate coughs, nervous cough, worse by night, when there is much nervous sensibility, and wakefulness.

**VERATRIN** in acute bronchitis as an arterial sedative, to resolve the plasticity of the blood and local secretions. It exercises a wonderful control over the capillary system, and hence, in congestion of deep-seated tissues is a remedy of great service. For controlling the action of the heart and arteries, and promoting the action of the absorbents, and veins, and lymphatics, both in acute and chronic disease, we regard it as having *no equal*. *It is one of the most reliable expectorants known*. In pneumonia, asthma, and bronchitis, it will give entire satisfaction. Dose one-eighth to half a grain. Tincture one drop to three, or five to eight.

**EUPATORIN PURPU.**—A valuable expectorant. It removes plasticity of venous blood, and promotes cutaneous exhalation, and assists cure by promoting the renal secretion. Two to five grains.

**APOCYNIN** in chronic bronchitis as an expectorant and promoter of mucous secretion.

**HYDRASTIN** is a valuable remedy in bronchitis, laryngitis, &c., in atonic conditions, or in advanced stages of acute bronchitis.

**SANGUINARIN** is a *fine expectorant*, and in pneumonia, bronchitis, and other similar diseases may be employed with



great advantage, keeping up a gentle diaphoresis. It resembles Veratrin in overcoming plasticity of the blood.

SOLIDAGO, Oil of.—Employed beneficially for inhalation in chronic bronchitis, or in catarrh.

CERASEIN in chronic coughs.

LOBELIA excellent in catarrhs, bronchitis, pneumonia.

PNEUMONIA.—*Apocynin, asclepin, digitalin, gelsemin, hyoscyamin, prunin, sanguinarin, veratrin, euonymin.*

DIGITALIN is employed in pneumonic fevers, and lingering hectic, when there is sthenic irritability of the arterial system, or irritation kept up by some remote cause, as tubercles. Useful in chronic irritable states of lungs and pleura, such as often terminate in hydrothorax; also in pneumonia of phthisis,

EUONYMIN quickens the secretions of the kidneys, skin, and bowels, and thus helps in pneumonia, catarrhs, and bronchitis. Half a grain every two hours.

HYOSCYAMIN used in irritable conditions of the respiratory mucous membrane, but not in acute inflammations.

VERATRIN is indicated in inflammations, especially those of a hypersthenic kind. It has a powerful relaxing influence, and resolves the plasticity of the blood as well as opens the absorbents.

PRUNIN and SANGUINARIN are useful in pneumonia after the sthenic inflammation has been subdued, when they promote secretion and help expectoration.

LOBELIA is used in America in pneumonia; emetics of it are given several times daily until the inflammation is over. Coe says it acts well.

[Of Aconite and Belladonna, so valuable, nay, indispensable in homœopathic hands, for the treatment of pulmonary affections, Coe says next to nothing. He considers them to be contra-indicated in hypersthenic inflammations, and therefore omits them in speaking of diseases which our school considers to be their proper and legitimate sphere of action.—S.]

**PLEURITIS.**—*Asclepin, apocynin, euphorbin, prunin, sanguinarin, veratrin.*

ASCLEPIN is of especial service when the serous membranes are involved as in pleuritis, peritonitis, &c. The remarkable efficacy of the plant used in domestic practice for the cure of pleurisy has caused it to be denominated "Pleurisy Root." Begin with doses of ten grains every two hours, until the inflammatory symptoms give way, and then relax, and give five grains to two grains every four hours; keep up free perspiration for twenty-four hours. If nausea arise remit for a time and then resume the medicine. We have seen several severe cases of pleurisy cured by this medicine alone.

APOCYNIN is valuable to cause absorption of serous effusions in the thoracic or abdominal cavity. It is diaphoretic, stimulant, and expectorant, hence useful in subacute inflammatory affections of the lungs or air passages: or after more acute inflammations. Quarter to half grain.

EUPHORBIN in doses of quarter to one grain every hour or two. Valuable in fevers, acute rheumatism, pleurisy, acute bronchitis. &c. If nausea arise, diminish the dose.

PRUNIN in the convalescence from acute pneumonia or pleurisy, to facilitate expectoration.

SANGUINARIN in asthenic forms of inflammation, or when the patient is reduced. See under Bronchitis.

VERATRIN in sthenic inflammation, to reduce the pulse and diminish plasticity of the blood.

**HÆMOPTYSIS.**—*Erigeron, eupatorin purp., geranin, hamamelin, lycopin, trillin, apocynin.*

APOCYNIN in cases where some suppression of hæmorrhoids or menses has taken place, or where serous accumulation exists in the chest.

ERIGERON controls the action of the heart and acts as a sedative, one drop every half hour or hour.

EUPATORIN, two to five grains every thirty to sixty minutes.

GERANIN in passive hæmorrhages as astringent, in doses of five grains or more every hour until better.

HAMAMELIN in hæmoptysis occurring in a low state of health, when the blood is venous.

LYCOPIN.—No agent yet discovered can compete with this as a radical remedy in hæmoptysis. It seems to be *almost* a specific. We have used it long and successfully and can speak from authority. It is an arterial sedative of the most valuable kind, reducing the pulse without causing any symptom of narcotism. Two grains three or four times a day in water, or in severe cases every twenty, thirty, or forty minutes. In incipient phthisis it abates fever, promotes expectoration, strengthens digestion, and aids cutaneous and renal depuration.

ASTHMA.—*Ampelopsin, atropin, caulophyllin, eupatorin purp., euonymin, veratrin, lobelia, sanguinarin, gelsemin.*

ATROPIN as a sedative against spasm.

APOCYNIN as an expectorant, and to thin the secretions.

EUPATORIN PURP. resolves the viscidities of the bronchial secretions and the plasticity of the venous blood. We incline to think that the efficacy of this and some other medicines depends upon their rousing the kidneys to activity, and that the improvement of cases of asthma, &c., is owing to the removal of effete matters through the kidneys or skin. At any rate we have found diuretics the best remedies in whooping cough, asthma, &c.

EUONYMIN, as a remedy in asthma arising from disorder of the liver, will be very effectual.

LOBELIA.—In spasmodic asthma we give this in quantity sufficient to relieve the urgent symptoms, and afterwards continue in smaller doses, until a cure is effected. As “an expectorant it has few equals and no superior.”

VERATRIN is given at intervals of thirty minutes, until the spasm is broken and relief obtained. “It is one of the most reliable expectorants known.”

See under Bronchitis, also at Fever.

GELSEMIN is employed in asthma to break the spasm, and subdue nervous irritation.

SANGUINARIN promotes expectoration.

Medicines which relieve the air tubes by lessening plasticity of the blood, and promoting secretion of mucus: Apocynin, Capsicum, *Eupatorin Purp.*, Evonymin, *Lobelia*, *Veratrin*, Viburnin.

**PERTUSSIS.**—Asclepin, Ampelopsin, Caulophyllin, Digitalin, *Eupatorin Purp.*, Hyoscyamin, Sanguinarin.

**PHTHISIS.**—*Incipient.*

ASCLEPIN abates fever, promotes expectoration, and abates cough. It may be used with equal advantage for these ends in advanced phthisis.

MACROTIN as an expectorant and diaphoretic.

DIGITALIN is used as an excellent palliative in tuberculous disease of the lungs, abating vascular excitement, stimulates absorption, and lessens bronchial secretion. It is useful to control pneumonic symptoms in phthisis.

EUONYMIN to abate fever, promote expectoration, and the functions of the skin and kidneys.

PHYTO-LACCIN has been found useful in tuberculous diseases, not only of the lungs but also of the liver, spleen, and other organs. It is an efficient alterative and resolvent.

LYCOPIN is an astringent, and valuable in hæmoptysis: but as an arterial sedative it is peculiarly valuable in phthisis; at the same time that it resolves capillary and venous congestions, and strengthens the secreting apparatus of the air passages.

SANGUINARIN, to remove viscosity of the mucus.

PRUNIN as a sedative diaphoretic and expectorant in incipient phthisis; especially to soften the dry cough.

SOLIDAGO, OIL OF—Alcoholic solution.—Employed as a relaxant and soother, in phthisis, bronchitis, &c., by inhalation.

ACONTIN has been recommended in phthisis incipiens, beginning with very small doses. It is contra-indicated in acute inflammations and congestions of the lungs, high febrile excitement, and colliquative sweating.

**HECTIC FEVER.**—*Dig., Euo., Pru., Rhusin.*

**COLLIQUATIVE DIARRHŒA.**—Ceras., Euphorb., Frazerin, Myricin, Rhein, Rumin, Hama.

—— **SWEATS.**—Ceras., Fraz., Geran., Populin.

HEART, IRRITABLE.—*Digitalin, Erigeron, Prunin, Veratrin.*

Concerning the first of these, Dr. Coe says: Digitalin possesses two distinct primary therapeutic powers, one of which expends itself upon the heart and arteries, depressing and retarding their functional activity, while the other acts upon the absorbent and venous systems, and the lymphatics and glands, exciting in them increased activity. This is the case even when it is applied externally, as *e.g.*, to glandular swellings. Thus the energy of the formative processes is diminished, and that of the eliminative processes is increased.

As regards the vexed question whether *Digitalis* acts primarily on the heart as a sedative, or whether this is a secondary effect resulting from counter-stimulation, Coe adopts the former view, for he finds that *Digitalis* relaxes the tone of the arteries, depresses the action of the heart, diminishes the force and frequency of the pulse, and makes it soft, small and infrequent. At the same time it cures nicely the sequelæ of inflammatory affections, when they are characterised by a morbid activity of the whole arterial system, or some of its branches. The diuretic action of *Digit.* he considers to be *secondary*, and due to its excitation of the absorbents.

The morbid irritability of the heart and arteries may be produced or kept up by reflex action, originating either in an abnormal condition of the heart itself, as organic disease of that organ, ossification of the aorta, tubercles in the lungs, or organic disease in some important organ. *In these cases Dig. will be found an important palliative.* But in asthenic inflammation of these organs it will prove hurtful, unless it be preceded by a judicious administration (*i.e.*, a rattling purge) of Podophyllin. In dilatation and aneurism of the heart, in carditis polyposa, palpitation caused by a morbid irritability and pulsations felt in the abdomen, *Dig.* is employed with much success; also in angina pectoris or stenocardia.

ERIGERON, OIL OF, is a very good sedative to the heart. It allays palpitation, *particularly when it arises from uterine irritation.*

PRUNIN seems to act as a sedative to the heart when it is excited by disorder of the digestive organs.

VERATRIN.—From its remarkable power over the heart and arteries will be found *most useful* in allaying irritation, in organic disease or functional disorder. *More especially* when the heart suffers from irritation reflected from some other organ.

#### URINARY ORGANS.

HÆMATURIA.—Erigeron, Barosmin, Eupatorin Purp., Geranin, Hamamelin, Lycopin.

BAROSMIN.—Valuable in complaints of the kidneys and bladder, but in none more so than in hæmaturia.

[The others do not appear to have any special or specific relation to hæmaturia, but I incline to think Hamam. and Lycopin may be possessed of such specific qualities. S.]

URINE, SUPPRESSION OF ISCHURIA.—Lupulin.

SOLIDAGO in the suppression of urine occurring in infancy.

MYRICIN is used in enema, 3 ss. to 3 j.

URINE, DIFFICULTY OF MAKING, DYSURIA.—Lobelia? Lupulin, Myricin, Podophyllin, Populin.

LUPULIN as a sedative to the nerves.

MYRICIN in enema relieves the pain felt in passing renal calculi. Combined with Lobelia its effect is magical.

PODOPHYLLIN acts in virtue of its effect on the absorbent and glandular systems, and not from any specific affinity for the kidneys.

POPULIN has the power of relieving painful micturition and scalding, when it occurs *during pregnancy*.

GRAVEL.—Barosmin, Collinsonin, Eupatorin Pur., Lobelia, Sanguinarin, Frazerin.

BAROSMIN is more an alterative than a diuretic. Its sphere is chiefly in correcting the lithic acid diathesis. *Catarrh of the bladder* yields readily to this medicine, which allays the irritability of the bladder, lessens the quantity of mucus, and restores healthy function.

COLLINSONIN answers admirably in catarrh of the bladder.

EUPAT. PURP. is good against the lithic acid diathesis. It relieves catarrh of the bladder, and removes accumulations of mucus.

SANGUINARIN is good for an inactive condition of the kidneys, and chronic gravelly affections.

CYSTITIS, Chronica.—*Barosmin, Collins., Erigeron, Juglandin, Hydrastin, Eupatorin, Lobelia, Podophyllin, Sanguinarin.*

DIABETES.—*Rhusin, Trillin, Lycopin, Rhusin*, tonic and astringent valuable; *Trillin*; tonic.

LYCOPIN, of remarkable efficacy, two to four grains ter die, regulate the bowels with *Hydrastin*, valuable.

PROSTATE GLAND, enlarged.—*Barosmin*.—As a radical remedy in chronic cystitis, our success with *Podoph.* has been so great that we consider it indispensable to the treatment. We give it in full cathartic doses every second or third night.

#### GENITAL ORGANS.—*Male.*

GONORRHOEA — *Sedatives.* — *Asclepin, Baptisin, Erigeron, Gelsemin, Lupulin, Macrotin, Senecin.*

In the inflammatory or febrile stage the *Asclepin* and *Gelsemin* particularly are of great service. The *Erigeron* alone has been used with great success in the treatment of clap.

LUPULIN is useful to overcome chordee; it abates inflammation, and lessens the acidity of the urine.

*Astringent* remedies: 1, *Barosmin*; 2, *Chimaphilin*; 3, *Geranin*; 4, *Hamamelin*; 5, *Xanthoxylin*; 6, *Rhusin*.

No. 2 as an alterative, the rest in gleet or chronic discharge.

CHANCER.—*Baptisin, Myricin.*

SPERMATORRHOEA.—*Cerasein, Gelsemin, Lupulin, Macrotin.*

CERASEIN, chiefly as a tonic, after *Gels.*

GELSEMIN should be used to procure a remission, by bringing the nervous system fully under its influence, then follow with tonics.

LUPULIN has been used with extraordinary success in treating spermatorrhœa. Sometimes it may be alternated or combined with *Gelsemin* or *Cerasein*.

IMPOTENCE.—*Stillingin*, a medicine of great importance in the cure of impotence, sterility, and incontinence of urine. In all atonic and paralytic affections of the sexual organs it is a remedy of great value.

**GENITAL ORGANS.—Female.**

**VULVA, IRRITATION OF.**—Coe says he uses for this distressing complaint a solution of Pulv. G. Myrrhæ 3 j. in water Oss., to apply on lint as an invariably successful remedy.

**VAGINITIS.**—Cap., Gels., Hydrast., Hama., Trillin, Baptisin and Hydrastin are powerfully antiseptic, tonic and antiphlogistic.

**GELSEMIN** and **HAMAM.** are sedative, while **Trillin,** is valuable as an astringent.

**MENSTRUAL DISORDERS—**

**AMENORRHOEA.**—Caps., Caulo., Gels., Helon., Macrotin, Sang., Senecin, Veratrin.

**BAPTISIN,** in doses of one grain, three times a day in A., and defective menstruation. In vicarious menstruation, when diarrhoea replaces the menses, Bapt. with Podophyllin and Cauloph. in the inter-menstrual period, has been entirely successful.

**CAULOPH.**—Simple Amen. yields to this medicine very well. Dose three to five grains three times daily. Its influence on the functions of the female organism is very extensive and beneficial.

**GELSEMIN** will often cure in half-grain doses, three times a-day.

**HELONIN** will be of use in Am. as a radical curative agent. In anæmic habits it is good to combine with Valerianate of Iron.

**MACROTIN** requires to be given to the production of its physiological effects, namely, vertigo, nausea, prostration, a peculiar indefinable aching in the joints, and a sensation as of electricity extending through the system. Dose quarter to one grain, three times a day.

**SANGUINARIN** is a good emmenagogue, and in chronic amenorrhœa has proved exceedingly useful. Also in all cases of atony of the uterus.

**SENECIN.**—The female regulator has proved eminently successful in the treatment of amenorrhœa, two to five grains three times a-day. When the menses are obstructed from a cold, hot alkaline foot baths are very helpful to the action of this



medicine. In simple A. we know no remedy more reliable than this.

VERATRIN exercises a specific effect on the uterus, and has been employed in A., uterine leucorrhœa and chlorosis, and female disorders dependent on vascular debility.

LEUCORRHŒA.—Baptisin, Barosmin, Cauloph., Cornin, Col-linsonin, Geranin, Hamamelin, Helonin, Hydrastin, Irisin, Leptandrin, Macrotin, Myricin, Podophyllin, Phytolaccin, Rhusin, Sanguinarin, Senecin, Stillingin, Trillin, Xanthoxylin.

Those medicines of which nothing special is noted, are to be considered as valuable, chiefly on account of their tonic, stimulating or astringent properties.

ACRID LEUC. requires the *antiseptic* remedies, Bap, Hydrast. Sanguin., Trillin, Myricin, all most valuable in the form of injection.

CAULOPH. is a special tonic and alterative to the uterine system, regulating function and giving tone. It suits where there is gastric irritability and sickness.

HAMAM. in low states of system, and when the vessels are relaxed and weak.

HYDRASTIN when leuc. is complicated with disordered hepatic function. If used as an injection infuse 3j. in Oj. water, and let the resinoid precipitate, as it is somewhat escharotic, and would irritate too much. Especially useful if irritability or catarrh of the bladder co-exist.

IRISIN particularly useful in uterine L., also the oil of Erigeron.

HELONIN in Leuc., associated with prolapsus uteri.

MACROTIN when Leucorrhœa co-exists with chronic rheumatism or chronic torpid liver, or derangement of the hepatic functions. It is in these cases a slow but certain alterative.

SANGUIN. in cases associated with any dyscrasy, especially syphilitic.

SENECIN, the *female regulator*, alterative and tonic, is a general panacea for functional disorders of the female sexual organs, and cures without disturbing the health in any way.

STILLINGIN is a remedy of great value in all cold and relaxed conditions of the organs of reproduction. Coe says that in

treating gonorrhœa with it, it is apt to provoke urethral irritation and chordee. [We homœopathists may take the hint, and shall most likely find fractional doses efficient in removing those affections when they occur spontaneously in the course of disease. S.]

TRILLIN is tonic and antiseptic, and very useful in uterine leuc., if there be any foetid discharge, an injection of 3 j. to Oj. will be valuable.

MENORRHAGIA.—Aconitin, Asclepin, Caulophyllin, Erigeron, Geranin, Hamam., Helonin, Lycopin, Senecin, Trillin, Scutel.

ACONTIN recommended in rheumatic metrorrhagia.

ASCLEPIN, an adjunct to other medicines.

CAULOPHYLLIN, *a special uterine tonic*, one of the most effectual vegetable medicines against menorrhagia.

ERIGERON, although not a specific, is yet the best remedy of its class against uterine hæmorrhage, five to ten drops every thirty to sixty minutes, according to severity of symptoms. Locally to the os uteri in severe hæmorrhage, with the best results.

GERANIN is a most excellent hæmostatic. In hæmorrhages from the lungs, stomach, bowels, kidneys, and womb, five to ten grains every hour, will soon arrest the loss: *in passive hæmorrhages especially*.

HAMAMELIN, useful in passive hæmorrhage, or to apply to the os uteri, in ulceration.

HELONIN, *a special uterine tonic*, is a remedy of great value alike in menorrhagia and amenorrhœa.

LYCOPIN, an arterial sedative of the most valuable kind; a fine tonic, and good in hæmorrhages from any part, two grains every half-hour or hour.

SENECIN, a wonderful medicine, good alike in menor. and amenorrhœa, dysmen., and chlorosis. A grand specific in uterine disorders, as well as spasms from flatulence.

TRILLIN in asthenia of the uterus, and consequently passive hæmorrhage therefrom. A most valuable hæmostatic.

CHLOROSIS.—Senecin, Macrotin, Veratrin., Menispermin.

SENECIN peculiarly valuable in strumous habits.

**MACROTIN** exalts the energy and tone of the nervous system, and thus prepares for the action of other medicines.

**MENISPERMIN** in strumous habits. Join it with Iron.

**VERATRIN** when there is atony of the abdominal ganglia, and in asthenic forms of scrofulous malady.

**DYSMENORRHŒA**—Asclepin, Senecin, Gelsemin, Caulophyllin, Dioscorein, Helonin, Hyoscy., Erigeron, Macrotin, Prunin, Scutellarin, Viburnin.

**GELSEMIN** is without exception the best remedy we are acquainted with for the relief of pain accompanying menses.

**CAULOPH.**, a special uterine tonic, relieves pain and distress.

**PRUNIN** is a tonic, and is valuable in cases attended with feeble digestion, to be given in the intermenstrual period.

**ERIGERON**, Oil of, for spasms and palpitation attending menstruation.

All the others for pain and spasms.

**PARTURITION**.—Cauloph., Gelsem., Macrot.

**CAULOPHYLLIN** has considerable repute as a partus accelerator, and we have used it with satisfaction, and also for the relief of after-pains.

**GELSEMIN** we have used as a parturifacient for years, and with better satisfaction than any other remedy. We use it to allay irritability, relieve cramp, procure sleep, and remove other troubles accompanying gestation. We give it about five weeks before the term, quarter to half a grain every other night. After labour half to one grain.

**MACROTIN** is deservedly esteemed as a parturifacient. Many prefer it to Secale. In feeble irregular pains give half a grain every two hours. Given in too large doses it will defeat the object.

**FALSE LABOUR-PAINS**.—Lobel., Myricin, Viburnin.

**AFTER-PAINS**.—Cauloph., Gels., Lupulin, Viburnin.

**ULCER of the os or CERVIX**.—Hama., Bapt., Sang.

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## CACHEXIAS.

**CACHEXIA SCROFULOSA.**—*Baptisin, ampelopsin, chimaphyllin, digitalin, alnuin, corydalin, podophyllin, macrotin, rumin, phytolacin, irisin, xanthoxylin, sanguinarin, menispermin, smilacin, atropin, myricin.*

When medicines have a special action on the scrofulous cachexia, it has been noted. All the rest are supposed to do good in virtue of their stimulating the action of the lymphatics, venous and arterial capillaries, or the functions of the great glands of the body.

**MYRICIN**, stimulant and tonic. Excellent applied to ulcers and indolent fistulous sores.

**AMPELOPSIN** is one of the most valuable medicines in scrofula. It is powerful over the absorbent system, and hence will be found valuable in the treatment of tuberculous affections, *e.g.*, incipient phthisis.

**ATROPIN** resolves indurations and glandular swellings, even if of long duration.

**DIGITALIN** is, in general, a powerful relaxant and sedative remedy in morbidly irritable states of the arterial system, yet in certain conditions it will powerfully stimulate the same.

Its therapeutic effect upon the absorbents is tonic and stimulating, which effect extends to the reins, glands, the mucous and serous membranes, and skin. *When inactivity of these is the result of vital debility, Dig. is contra-indicated. It may awaken latent energy, but cannot infuse vitality or recruit exhaustion.*

Scrofulous persons of full plethoric habit, wherein repletion shows a torpid state of the lymphatics, are benefitted by this drug. It is useful in chronic inflammations (scrofulous) of the mucous membranes, and mesenteric glands. Dose one-fifth to half a grain. Use diluents very freely.

**CORYDALIN** in scrofula when the blood is poor and digestion feeble, two grains ter die.

**MENISPERMIN** in scrofulous affections complicated with suppression of menses.

**PODOPHYLLIN.**—For all scrofulous affections complicated by

hepatic torpor, defective secretions, or a vitiated state of the blood or other fluids, Pod. is the radical remedy. [Coe uses it as a preparatory exciting purge, and occasionally as an inter-current excitor of the glandular and sanguiferous systems. It seems to be with him a heal-all.—S.]

IRISIN is peculiarly useful in those cases complicated with hepatic derangement. Two grains ter die. Laxative.

STILLINGIN in scrofulous skin diseases.

XANTHOXYLIN is a stimulating tonic, and hence useful in low states of the system : its effects are very durable.

SMILACIN in cold and indolent conditions of the system, and specially in rachitic states of the vertebral bones, necrosis, caries, and also in chronic skin diseases.

CACHEXIA SYPHILITICA ; or, MERCURIO-SYPH.—*Atropin, aconitin, ampelopsin, chimaphilin, baptisin, podoph., erigeron, alnuin, rumin, phytolaccin, stillingin, corydalin, irisin, xanthox., sanguinarin, smilacin.*

ACONITIN in asthenic habits.

ATROPIN when there is nervous irritability in chronic syphilitic disorders.

AMPELOPSIN, XANTHOXYLIN, &c., are classed under the title of alteratives, or antidyscratic medicines, vulgò, purifiers of the blood. Coe has great faith in these, and says he uses them extensively. The specific indications of some of them are given, as—

PODOPHYLLIN.—The sanative influences of this medicine are *more reliable and certain than those of mercury, and entirely devoid of any deleterious effect. In recent, as well as in secondary and tertiary forms of syphilis, he who fails with POD., judiciously used, need not hope to get any help out of mercurials.* And when primary syphilis is treated with this and other suitable organic remedies, secondary and tertiary forms will *very rarely* appear. We have never known them to appear in an extensive experience.

ERIGERON, Oil of.—One part to eight of Alcohol to stimulate ulcerated palate, &c., to heal. Apply on cotton. After caustics.

**BAPTISIN**, for application to foul or phagedænic ulcers, either in the throat, or on the genitals.

**PHYTOLACCIN** is quite equal to any remedy for the cure of merc.-syph. disorders. Use for four days and follow with Corydalin.

**CORYDALIN** is a tonic and resolvent, useful in broken down constitutions. Perhaps *no* single agent possesses more energetic alterative and anti-syphilitic properties than this. In conjunction with Podoph. it has had marked success in syphilis.

**IRISIN** has few equals in eradicating the syphilitic virus. Its influence is positive and certain. It is most excellent, and when there is chronic disorder of the liver it will answer admirably.

**SANGUINARIN** is of great utility for applying to foul and indolent chancres, buboes, &c. In secondary and tertiary forms of syphilis, when the system is languid and depressed, Sang. rouses the impressibility of the nerves, and prepares the way for other remedies.

#### CACHEXIA ARTHRITICA.

**GOUT.**—Aconitin, Collinsonin.

**RHEUMATISM, ACUTE.**—*Apocynin*, Asolepin, *Gelsemin*, Digitalin, Podophyllin, Erigeron, Caulophyllin, Hyoscyamin, Veratrin, Baros.

—— **CHRONIC.**—Alnuin, Aconitin, Atropin, Chimaphilin, Eupatorin Purp., Fraserin, Irisin, Macrot., Menisp., Phyto., Rumin, Sang., Smilacin, Still., Xanthox.

**APOCYNIN**: good in acute cases, as also in pleurisy and pneumonia. Quarter to half grain every two hours. Diaphoretic and febrifuge.

**GELSEMIN** should be preceded by Pod. It is not a specific.

**BAROSMIN** is good in rheumatism in view of its diaphoretic and diuretic properties. It is especially useful in the lithic acid diathesis.

**DIGITALIN** will not only abate the fever, but moderate the symptomatic sweats, which depend on excessive capillary congestion.

[The remedies named under chronic rheumatism are mostly indebted to their *alterative* character for their efficiency. S.]

CANCER.—*Hydras., phytol., sang., baptistin.*

PHYTOLACCIN.—Beneficial as any alterative can be : best *in open cancer*. When early used in the form of watery paste, or strong tincture, it has been found quite effectual in lupus. Good for warts and corns.

BAPTISIN in foetid open cancers, to correct the smell, 3 j to 3 j lard, or 3 j to 3 iv sp. v. R.

SANGUINARIN externally to malignant ulcers, to clean and induce healthy action. See Hydrastin.

DROPSY.—Ampelopsin, Apocynin, Barosmin, *Chimaphilin*, *Digitalin*, Eupatorin purp., Evonymin, Helonin, Sanguinarin, Collinsonin, Rhein, Colocynthin, Euphorbin, Irisin, Barosmin, Corydalin, Veratrin, Caulophyllin, Podophyllin.

AMPELOPSIN, although influencing the renal function, seems to act more in virtue of its power over the glandular and absorbent systems.

CHIMAPHILIN also. Yet he says it is good particularly in ascites, and in those cases in which the digestive powers are impaired. [This looks very like fulfilling special indications.—S.]

DIGITALIN, extensively employed, especially in cases where exhalation exceeds absorption, as, dropsies following scarlatina, measles, and acute dropsies following sudden colds, particularly anasarca. Of great value in chronic dropsies, of the cavities of the brain, thorax, and abdomen. Coe says it is contraindicated in cases of debility or exhaustion.

PARALYSIS.—*Gelsemin, atropin, aconitin, colocynthin.*

ATROPIN in paralysis depending on torpor of the abdominal functions. (What functions?)

COLOCYNTHIN in paraplegia.

#### SKIN, DISEASES OF THE.

BURNS.—*Myricin*, after pain and inflammation have been mitigated. Applied in time, it heals them without suppuration. 3 ij to ʒj water applied on lint.

**POPULUS TREMULOIDES**, Oil of, in ointment.

**CORNS and WARTS**.—Phytolaccin applied locally in tincture.

**ERISYPELAS**.—Baptisin, Menisper., Trillin, to ulcers.

**ECZEMA**, Chronic tetter.—Dig., Bap., Alnuin, Still., Corydal.,  
Irisin, Hamam., Sang., Menisp., Smilacin, Ceras.

**PSORIASIS**.—Dig.

**SQUAMÆ**.—Bap., Sang.

**PUSTULES**.—Oil of Stillingin. [Applied to the skin produces  
a vesicular eruption going into pustules. It ought to be homœo-  
pathic to small-pox.—S.]

[Dr. Coe says very little about skin diseases in his book, but  
for the most part lumps them under cachexias. He makes a  
remark, however, which he occasionally repeats, viz., that the  
best medicines for chronic skin diseases are such as possess  
diuretic properties. This remark should not be lost sight of,  
founded as it is upon the well known relation between the  
kidneys and skin. We may study with advantage the diuretic  
medicines for remedies against herpes, eczema, &c.—S.]

**HYDROPHOBIA**.—Atropin, given to narcotism and its use per-  
severed in. During its use smarting of the wounds comes on.

## ON THE PATHOGENESY OF ACONITE: WITH CLINICAL OBSERVATIONS.

By J. H. NANKIVELL, Surgeon, Penzance.

(Continued from Vol. XXI., page 660.)

\* Hæmoptysis; ° in one case the patient was a pregnant  
female, there was no pain, but nightly anguish, constant moan-  
ing and lamenting, tendency to start, redness of countenance,  
and improvement in the recumbent posture. ° Inflammation  
of the trachea and bronchial tubes. ° The larynx feels painful  
when touching it."

In the treatment of hæmoptysis I have found Aconite to be  
an important remedy, but have very commonly found it neces-  
sary to give Arnica or Arsenicum after it. In the treatment of  
this symptom or affection, it is of course very necessary to search  
into the causes which have given origin to it, but in truth I have



rarely found that under the influence of one or more of these medicines the alarming appearance of blood in the sputa has not soon disappeared—when tubercles exist in the lungs, or a tubercular cavity has been formed, we may be almost certain to have a recurrence sooner or later, but even to this rule there are many exceptions.—In a case of phthisis which terminated fatally, a considerable quantity of blood came welling up from the lungs on three occasions, but during the last two months of the patient's life—although the cough was most racking—scarcely a stain of blood appeared amongst the sputa. In a case of accidental passive hæmorrhage from the larynx, which occurred in a patient apparently in perfect health, the blood came splashing from the mouth with a slight cough. In this case Arnica and Arsenicum were given in alternation, and several months have gone by without a return. Several instances are on record of severe hæmorrhage from fauces and pharynx, and one can easily understand how a considerable quantity of blood might be poured forth from the adits of the air passages and cause great alarm, when indeed there was no just cause for it. I remember being called to a man who, for the cure of itch, had besmeared himself most liberally with strong Mercurial ointment. The ptyalism which ensued was of the most frightful character, the gums, cheeks, fauces sloughed, and during the disorganization of the tissues hæmorrhage went on for several days, so as to place the man's life in the utmost jeopardy; large coagula formed again and again, and were thrown off. I tried gargles and astringents of the most powerful kind, but with small success, and at last was able to avert the bleeding only by means of the actual cautery—the instrument used was homely enough, but answered the purpose well—a stocking needle was heated at the point, and gently pressed against the parts from which the blood was poured forth. The man lost several of his teeth, and made a slow recovery.

I must briefly refer also to a case which happened some years since in the West of England—a gentleman of some importance had been affected with hæmoptysis, and had been treated by his medical attendants for some time with but little success. The patient had been kept on low diet, and probably had taken

medicines of a nauseant and depressing character,—be this as it may, the hæmorrhage went on,—at last it was thought desirable to have the opinion of another physician, and he proceeded to explore the lungs for the purpose of informing himself as to the whereabouts of the lesion. The lungs were perfectly healthy—whence, then, came the blood? The mouth and fauces were examined, and, behold! the cause was manifest enough: some artificial teeth had irritated the gums, ulceration had taken place, and hence the bleeding. The teeth were removed incontinently. Beef tea, port wine, mutton chops, &c., completed the cure.”

The remaining sentences quoted do not to me suggest any remark further than this, that in the laryngeal phthisis of Cornish miners, or, as it is locally called, “miner’s complaint,” there is most commonly a soreness of the larynx when it is touched or pressed.

O.Z. “*Sensitiveness of the larynx to the inspired air, as if the mucous membrane were deprived of its epithelium. Sensation as if the sides of the larynx were pressed together. Feebleness of voice. Pressure and burning pains along the trachea, down to the pit of the stomach. Roughness extending along the trachea, and inducing frequent coughing. Upon coming from the cold air into a warm room, he experiences an irritation in the larynx, resulting in a dry cough. Cough which is occasioned by an irritation in the larynx, and is accompanied with expectoration of a gelatinous mucus. Dry hard cough. When coughing the chest feels sore, and the larynx raw. Violent dry cough, with spasmodic constriction of the anus. Cough, with a fluid, frothy expectoration. Rattling, and vibratory trembling of the trachea.*”

These supplementary passages from the *Oest. Zeitschrift* are unquestionably true and real symptoms, such as Aconite can produce; and such as Aconite can cure when they are the result of natural disease. In catarrhal laryngitis the rawness and constriction described will for the most part be found to exist, and with this some degree of hoarseness. In the study of medical works we cannot fail to be struck with the fact, that so much is assumed when an attempt is made at an explanation of the

causes of morbid symptoms. Thus an admirable writer, when discussing one of the many causes of aphonia says, "The paralysed state of the muscles of the larynx may be attributed to an irregular distribution of nervous energy, connected either with exhaustion, or *with derivation to distant parts*." Now this derivation is certainly incapable of proof, and therefore may be safely discarded; it is simply an assumption and cannot be logically or physically demonstrated.

Indeed, the expression "irregular distribution of nervous energy" is nothing more than a convenient piece of medical cant, and a facetious surgeon long since passed away, used to advise his friends, whenever they were in a diagnostic difficulty in the sick room; whenever a posing question was put to them by the friends of the patient, to state that the case was one of "irregular distribution," &c. &c.

How is it to be accounted for that *acute laryngitis* in the adult is so rare a disease? I have only heard of one in these parts during the last thirty years; it happened in a gentleman aged about 45, and rapidly went on to a fatal termination. Bearing in mind the exquisite construction of the chordæ vocales; the stimulating articles of diet which have to pass over the epiglottis; the violent exertion of the voice by singers, preachers, lecturers, and others; the fatal effects of cold on other parts of the respiratory organs, it cannot fail to excite our surprise that the maladies affecting the larynx after childhood, are so commonly of a subacute or chronic form.

In the west of England the expression "burning" in reference to pain is so common, that in a large number of the poor who come before me the word burning is sure to be used, "first a coldness and then a burning," is the common phrase. For many years have these burnings been felt without much detriment to the general health, and if the patients do not exaggerate their sufferings, they must have had a most unenviable time of it. Very commonly these sensations are felt by women at the age of from 45 to 55. This form of very chronic psoric disease taxes the patience of the doctor almost as much as it does that of the suffering persons, and one longs for a panacea for

such troubles ; a heal-all that should keep pace with our desires to relieve pain and misery.

Judging from the medical history of acute laryngitis, we have much reason to fear that it is not very successfully treated by depletions. It is well known that General Washington died of this disease ; he was bled from the arms four times, was blistered, took large doses of Calomel and Tartar emetic. Dr. Jordan Lynch died much in the same manner, he had leeches to the throat, took Calomel, Tartar emetic, and Epsom salts. Mr. Quekett, of London, died in 1847 in the same manner. The remedies were venesection, seven dozen leeches, blisters, Calomel, Mercurial inunction ; on the other hand, Dr. Harper states that he cured a case of *severe laryngitis* by Aconite, 1st decimal dilution, in alternation every hour with Spongia 1st centesimal dilution ; towards the termination of the case the patient had Hepar. I see also, on reference to my note-book, that our distinguished colleague, Mr. Yeldham, recommends Acon., Bel., Spongia, and Hepar. It would thus appear that the treatment of laryngitis in the adult is pretty much the same as the treatment of croup. Dr. Copland well observes that the affection which was correctly denominated " Spasmodic Croup " by Wichmann, Michaelis, and Double ; and the " Acute Asthma of Infants," by Simpson and Millar, and which is a species of croup characterised by predominance of spasmodic or nervous symptoms in connection with signs of inflammatory or catarrhal irritation in the respiratory passages, has been confounded with the *stridulous respiration with laryngic suffocation*, and which is very distinct from true *spasmodic croup*. The latter is always attended by signs of inflammatory, bronchial, or catarrhal irritation.

In fact, " Laryngismus stridulus " and " Spasmodic croup " are two very different affections. I once saw a neglected case of the former kind, and to which I was not summoned until the child was moribund. It was an infant about ten months old, which occasionally had been affected slightly with crowing respiration, and was suddenly seized with catching of the breath, every effort to respire seemed to be accompanied with a tetanic spasm ; the countenance was Hippocratic, and expressive of

terror and distress. Fomentations were applied to the throat and Belladonna given, but the child rapidly sank.

Another child, aged nearly 8 years, had from birth been of very delicate health, there was imperfect development of the brain also, and whilst teething he had one severe convulsion; with the least cold he was liable to croupy attacks, and if alarmed or excited, the larynx became attacked with spasm. Finally, he got an attack of spasmodic croup, and died at the end of a week. The medicines used were Acon., Bel., Spongia, Hepar. On dissection of fatal cases, M. Guernal states that albuminous concretions are found in the larynx. Dr. Copland states that these cases very commonly present evidence of cerebral congestion, and that in the more purely spasmodic cases an adhesive glairy fluid, with patches of vascularity have been observed in the epiglottis and larynx. As there was some serious organic fault in the cerebral development of this last mentioned patient, it was scarcely possible, or, indeed, much to be desired, that its life should be prolonged. There are many instances of laryngitis in children which set in towards night or in the middle of the night, with distinct remissions in the day. These are commonly catarrhal, and if seen early are amenable to treatment, but if neglected, may terminate in intense croup. In one such I was recently called, in which the clanging cough was very distinct, the fever moderate, the child sleepless and irritable. Aconite followed by Hepar were sufficient to disperse the alarming symptoms. How lamentable is it that the allopath haughtily rejects our safe and artistic system of cure. In medicine he doubts everything but his own doubts and his own routinism, and if it were in his power would put down by legal enactment every attempt at advancing in the path of science, observation, and logical deduction, unless made according to his own notions of orthodoxy. If I know any one thing with certainty, I know this, that the treatment of laryngeal diseases has been more successful according to homœopathic laws than under the heroic doses of allopathy. Let this opinion stand for as much or as little as it is worth. Grauvogl truly says that every one appeals to experience, but that the experience of the homœopath must be a very different thing from that of

the shepherd and the old woman, that it must be a scientific experience, an experience not consisting of a bare accumulation of facts, but in the combination of facts according to a necessary law—an experience free from all taint of empiricism.

Dr. Voglar states that disorder of the abdominal organs, especially of the uterine organs, predisposes to laryngeal disease, and that women are very liable to an inflammatory affection of the larynx during the menstrual period. He further says that catarrh of the larynx is in most cases associated with a similar state of the pharynx. In all such cases there must necessarily be more or less difficulty in swallowing food or saliva. An irritable spasmodic state of these parts is sometimes met with. During this month of August an apparently healthy girl of 20 has applied for relief at our Dispensary who suffers from this form of disease, and who is unable to swallow food with any degree of certainty, for at the moment when she is about to perform the act of deglutition a sudden spasm seizes her in the throat, and she is as she supposes in great danger of becoming choked. The catamenia are very scanty, and the girl has a peculiar stammer—that is to say, when she attempts to speak the voice is arrested for an instant, after which she articulates very easily. There seems to be a pathological connection between the difficulty of speaking and of swallowing.

It is probable that Aconite is only profitable in the onset of laryngeal disease. In one case which had assumed a chronic form and was accompanied with deep cough, profuse expectoration, hoarseness, *feebleness of voice*, a voice which after very short exercise in conversation became broken and indistinct; I have seen the Bichromate of potash afford some relief. The medicine was prescribed for the patient by Dr. Blake, of Taunton.

Associated with chronic laryngitis, we have also at times a relaxed state of all the parts concerned in the formation of the voice, giving rise to what is commonly designated, "Clergyman's throat." A case of this kind lately came before me in which the whole of the posterior wall of the pharynx was dotted with enlarged mucous follicles pouring forth a crass yellow secretion. The voice was weak and hoarse, and it was with difficulty that this gentleman was able to get through the

Church services. Belladonna and Hepar produced no effect, but Apis mellifica did good service. I have also seen Apis extremely useful in another very chronic and very obstinate case of laryngitis. Dr. Kafka says that when a hoarseness remains after a follicular catarrh of the throat, he has given either Plumb. acet., Alum., Iod., or Arg.-nit. internally, and at the same time used the same medicines in the form of gargle.

The last expression in the text, viz., "rattling and vibratory trembling of the trachea," brings before the mind those lethal conditions of Croup, Diphtheria, and Scarlatina, in which the larynx and trachea become implicated to such an extent, that unless we are most prompt and fortunate with our prescriptions the patient will rapidly succumb. It may be justifiable as a last resort in such cases to try tracheotomy, but certainly such a practice is more convenient in a hospital than in the homes of our patients, and amongst adults rather than young children.

I have never heard of the operation being performed in this county but once, and then in the last stage of croup. It proved unsuccessful. When one takes into consideration the increased agony of the patient, and the scarcely less agony of the parents, one may justifiably shrink from the performance of an operation which has so rarely been the means of prolonging life. A malignant form of scarlatina has been prevalent of late in this neighbourhood, in which the disease has spent its utmost violence on the pharynx and larynx; in a few instances it has been fatal. A family of five children came under my care. The eldest, a boy aged 9, was attacked with the disease in an intense form, the rash came out well, and the throat was much inflamed. The cervical glands became tumid; there was delirium every night. He took Aconite and Belladonna, nourishing broths and wine freely. An abscess formed in the left ear, and after its discharge there was partial deafness, it is to be hoped that this is but temporary; he recovered. I gave Belladonna as a prophylactic to the other children, but it failed to protect them. A girl, aged 8, was then attacked and in her case there was a strong tendency to coma. She was dangerously ill for



three days, but the coma was relieved by Aco. and Bel., and also wine freely administered. She recovered in a very satisfactory manner. A boy, aged 6, was the next to be attacked; he had neither delirium nor coma, but a most acrid discharge from the nostrils, inflamed throat and swelling of cervical glands on both sides without suppuration; he did well. A fourth child, a boy aged four, was seized about the same time; the eruption came out in wheals and patches like nettle rash, he had severe affection of the throat and nostrils and great enlargement of cervical glands; an abscess formed in the left ear and discharged, producing partial deafness, he had one good symptom throughout, viz., a fightable propensity; he was full of pluck when at the worst, and so we augured favourably of him. He also did well. Last of all, an infant aged six months sickened; no rash came out. The mother, who had had incessant watching for a fortnight, and had imbibed the scarlatinous poison, as shown by the severe angina with which she was attacked, continued to nurse her baby—the child looked pale and stricken, it had acrid coryza, the nostrils became so obstructed that it had the utmost difficulty in sucking; an abscess formed in one ear and produced exquisite pain for a few hours, when it broke the child was much relieved and appeared to be convalescent. Two days afterwards the discharge of acrid pus from the ear suddenly ceased, great swelling took place in the neck, the larynx became the seat of inflammation, the respiration was difficult and accompanied with rattling and gurgling of mucus, and in a few hours the child sank. Now under homœopathic treatment no person ought to die of a disease which is ordinarily curable, and the writer of these fragmentary notes would venture to express a hope that every physician and surgeon practising homœopathy in these kingdoms would honestly give us the results of his experience in the treatment of acute diseases. To our shame be it spoken, whilst the allopathic journals are crowded every week with records of public and private practice, our one monthly and one quarterly journal have so few contributors, that the practice of our best men is a *terra incognita* to the πολλοί!

If this state of things should continue much longer, it may



be well affirmed that the most eminent homœopaths have regarded their own interests to the exclusion of all science and philanthropy.

One important question for the profession is, What course of treatment in scarlatina maligna will, as a general rule, be most likely to prevent the extension of the disease in a lethal form to the larynx, and further so control the manifestation of the disease in the mouth, fauces, and throat, as to modify the glandular tumefaction, and render it of no very great moment? I have used Aconite, Bel., Merc., Iod., Gelseminum, Carbo. veg., Ars., and other remedies in this disease, and have lost three patients. This does not satisfy me. The three patients lost are a dismal set-off against the many others who have through great jeopardy made a good recovery. Homœopaths ought not to lose one patient from scarlatina, nor from any form of angina, nor from any kind of croup; it must be our high ambition to cure every curable disease.\*

Dr. Watson truly observes that cynanche laryngea derives all its peril from the circumstance that the inflammation tends to shut up what may be called the *janna vitæ*. Dr. Watson adds that laryngitis may supervene upon quinsy, but happily, these cases are rare. He states that in the advanced stage of the disease medicine can do but little.

For my own part I must candidly acknowledge that when in Diphtheria or Scarlatina the larynx has become the seat of acute inflammation, giving rise to what nurses call the "death rattle," I have never seen a recovery; whereas in croup, one never despairs, even if a membranous cast has been formed; the cast *may* at any time be expelled, and the patient be suddenly relieved from the iron grip of this throttling disease.

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\* Note.—Since writing the above, I have used Apis Mel. (3) in the *eruptive stage* of malignant Scarlatina, and have met with such marked success, that of about 20 cases not one has been fatal. The *Monthly Homœopathic Review* for January 1864, will contain a brief reference to these cases.

NEWMAN *versus* MACLIMONT.

It is now exactly twenty years since we brought before the notice of our readers the facts connected with the dismissal from the Wells Poor Law Union of its medical officer, because he treated his pauper patients in accordance with the principles of Hahnemann. This was his sole offence. "And when another surgeon was appointed, the Board of Guardians by an unanimous vote of its members, among whom we observe four clergymen, and some of the most distinguished and respectable men of the county, gave the thanks of the Board to George Newman, Esq., for his attentive, humane, and successful treatment of the sick under his care for the last seven years and five months, the period he has been medical officer of the Glastonbury district of this Union."\* The hardship and injustice of the proceedings, which terminated in the ejection from office of a successful and favourite Union surgeon, excited so much interest at the time as to be brought before the notice of Parliament by Lord Ebury, then Lord Robert Grosvenor, and the whole correspondence which had passed between the various official and *officious* persons in relation to the matter was printed by order of the House of Commons. From this correspondence we learn that Mr. Newman attributed the persistent and at length successful attempts to evict him from his honourable position to a rival surgeon, who, while professing the most entire disinterestedness, and lamenting "the disagreeable necessity of becoming his (Mr. Newman's) accuser," did not hesitate to pester the Poor Law Commissioners with reiterated demands—going the length of employing even the language of menace—to force them to take action in a matter which they would fain have allowed to rest, seeing no complaints—but the very reverse—had come to them in regard to the relations existing between the local Board of Guardians and the officer appointed and paid by them. But the *vis inertiae* of the Circumlocution Office was no match for the remorseless animosity and relentless activity of Mr.

\* *Brit. Journal of Hom.*, Vol. II. for the year 1844, p. 141.

Newman's rival. Indeed, it was the ignoble origin of the opposition which made it so intolerable; had the complaints come from those who had a right to make them then it would have been easier to have borne accusations, even although they were unjust; but that a brother practitioner should go out of his way to beg and entreat and insist that vengeance should be swiftly and severely discharged upon an erring colleague, naturally excited in the mind of Mr. Newman, and in the minds of all his friends a feeling of righteous indignation against this meddling mischief-maker. However, the rival carried his point. Mr. Newman lost the paltry post, but retained the respect of all who knew him; and after the lapse of a few years exchanged the narrow sphere of Glastonbury for the fair city of Bath, where, as Dr. Newman, he soon acquired an extensive practice, and obtained so much influence as to enable him to institute a Dispensary which eventually expanded into the *Bath Homœopathic Hospital*.

At this stage of his career, we can well imagine that Dr. Newman felt himself so secure as to indulge the hope that he could not suffer from the competition of any new-comer into his province; and that he might even afford to welcome such an one as a colleague rather than to fear him as a rival. Such was the state of affairs in the homœopathic world of Bath when Dr. MacLimont arrived there. The name of Dr. MacLimont probably recalls to our readers a painful and tedious controversy between the bearer of it and Dr. Ozanne. Into the merits of that dispute we have no intention to enter; suffice it to remark that Dr. MacLimont went to assist Dr. Ozanne, but, owing to circumstances, the assistance seemed to his partner more of a hindrance than a help; and after the island and Dr. Ozanne and the homœopathic community, by means of the printing press, had been kept in hot water for some months, Dr. MacLimont took wing, and, like the stormy petrel, he seems to have remained on the wing for some years, and to have been the presager of tempests when he made his appearance in Bath—at least, we have had nothing but storm signals hoisted there ever since. It was natural that Dr. MacLimont on settling in Bath should desire to obtain a post in the Homœopathic

Hospital. This is the point at which the quarrel between him and Dr. Newman began. But it is this point on which we are not sufficiently informed by the documents which have been sent to us; and in the lack of definite information, and disliking to meddle in a matter which is so personal, we should hardly have felt called upon to express our opinion upon it were it not that our authority was quoted in his own favour by one of the parties in the dispute, and that beyond the personalities of the case, there lay some important principles, a just estimate of which might prevent the recurrence of what we fear will be called "the Bath scandal."

Dr. MacLimont, it appears, failed in his first application for the post he now occupies. The reason of his failure is thus told in a letter by Dr. Newman, who wrote to him:—"No doubt you recollect \* \* \* my telling you that your non-election was in consequence of your supposed mixed treatment being partly homœopathic and partly allopathic. I also stated that I had no confidence in you as a homœopathic practitioner, and considered your views and experience of homœopathy as very superficial from the statements made by Dr. Ozanne in his pamphlet." Although baffled in his first attempt this did not prevent Dr. MacLimont making a second, which proved successful, and the reason of the change in the mind of the electors is thus stated by Dr. Newman, and has not, we believe, been contradicted. "Some time after this interview (*i. e.*, after the first failure) you made a second application to the Homœopathic committee, and *pledged yourself in a letter to them to practise as a bonâ fide homœopathist if you were elected.*" How does it happen that this letter has not been laid before those to whom the Committee applied for an opinion in regard to the propriety of permitting Dr. MacLimont to continue to occupy the position to which he was appointed by them? It seems to us that on the terms of this letter would depend the answer to the question, whether or not Dr. MacLimont had *bonâ fide* fulfilled his engagement.

That Dr. Newman should regard with some anxiety the appointment of a colleague to a hospital which owed its existence to himself, was natural enough; nor could any one have

been surprised if he, on discovering that the system of practice to which this institution had been dedicated was in danger, in his opinion, of being supplanted by another method of treatment altogether different, had employed all legitimate means to avert the catastrophe. No one would reasonably have accused Dr. Newman of intolerance, if, satisfied that his colleague really intended to devote their hospital to some purpose different from that contemplated by its supporters, he had, *after remonstrating with his colleague*, brought the matter before the Governors of the Hospital.

Of such previous remonstrance, however, we have no evidence, and this violation of the rule of fairness and courtesy, was we conceive Dr. Newman's first false step. He was not long in following it up with a second of the same character. The Committee of the Hospital, it seems, felt themselves unable to decide in the matter; and, looking about for help, agreed to send certain questions to the Medical Council of the London Homœopathic Hospital. To this Dr. MacLimont objected; and they were sent to the medical officers of that institution, who declined to interfere. Dr. Newman then wrote to the Hon. Secretary of the Board of Management of the same hospital, who gave the go-by to the specific questions asked, and counselled moderation and forbearance. In this difficulty Dr. Newman decided upon printing the queries (adding a fourth of his own), and sending them to all the homœopathic practitioners in Great Britain. They ran as follows:—

1st. Is the treatment of itch by Sulphur Ointment of the London pharmacopœia, as an external application, and Sulphur 3 internally, pure homœopathic treatment?

2nd. Is the treatment of cancer by Dr. Fell's method of using caustics, &c., and giving Hydrastis internally, pure homœopathic treatment, and *ought such treatment to be allowed in a Homœopathic Hospital?*

3rd. Are globules curative in the treatment of acute and chronic diseases? and ought a person who repudiates them to be considered a *bonâ fide* homœopathist?

The *fourth* question afterwards added was, Is the topical application of Chlorate of potash, ten grains to the ounce, or used

as a gargle, and the administration of proto-iodide of Mercury  $\frac{1}{100}$  at the same time, pure homœopathic treatment?"

Such were the questions asked of every homœopathic practitioner in Britain. What were the answers, Dr. Newman received? He tells us he got about fifty. Without pretending to the art of divination, we take upon us to affirm that a good many of the letters which he received, and these, too, from the men of greatest weight, he would prefer not to publish; for we feel assured that either his questions were answered in a manner very different from what he would desire, or that, instead of replying to them, they pointed out to him that the position he was assuming was radically false; that even although he might have the best design, yet that his enemies would accuse him of being actuated by the same motives as those which led to his own early troubles; that it was against all law and justice to impose upon any private person the cruel task of umpire in such a dispute, without having previously obtained the consent of the other party concerned in the quarrel; that supposing a joint request from both parties to be made to any one, it would be impossible for him to give anything like an award without knowing who were his fellow umpires, without consulting with them, and agreeing so to frame replies which might carry weight to the reason of those who had to decide the matter; and, lastly, that before one could venture even to think of accepting so serious a responsibility, a *sine qua non* was a full statement by both parties of the grounds of difference, and an exact limitation of the meaning both of the questions and of the answers. Suppose the third question submitted to a jury of sworn homœopaths—"Are globules curative?" Globules of what? Of sugar of milk? Globules moistened with the mother tincture of Cantharides? Globules irradiated with the 800th trituration of the head-lice? Surely a man might doubt the medicinal virtue of the first and last of these preparations without denying the power of the second. And what is meant by repudiating globules? Is it merely that the accused person was overheard speaking disrespectfully of them? Our readers may remember an anecdote told of Jeffrey, of the *Edinburgh Review*, how a very learned man who was engaged to write an article on the North Pole, button-holed the

wit as he was going off on a holiday, and began boring him about the North Pole; how Jeffrey, although a great critic, being after all human, exclaimed in his wrath and impatience, "D——n the North Pole!" how the grave man of science, shocked and hurt, complained to Sydney Smith of Jeffrey's language; and how Sydney Smith comforted him with this observation, "My dear Sir, don't be annoyed at that speech of Jeffrey's against the North Pole; he means nothing personal; between ourselves, I have heard Jeffrey speak disrespectfully of the Equator."

A similar vagueness obtains in the answers to this question which Dr. Newman has printed. Thus Dr. Hewitt remarks, "It is my conviction that the homœopath who habitually uses larger doses of medicine than the globule \* \* \* does not understand what he is doing." It is no less our conviction that Dr. Hewitt, in using such language, does not know what he is saying. He is confounding globules and infinitesimals, the mode of administration with the quantity of the dose. Is a drop of the 12th Tincture a return to allopathy, and a globule moistened with the 6th pure Hahnemannism? Cannot Dr. Hewitt understand the position which fully admits the efficacy of infinitesimal doses, but doubts the advantage of giving the medicines at second hand in the form of the globule?

We have implied that Dr. Newman has received some answers sufficiently to his taste to be printed and (being disseminated co-extensively with the questions) practically published. The repliers are: Drs. Malan, Süss Hahnemann (the latter enhancing his authority by signing himself "grandson of the founder of homœopathy"), Hewitt, and Mr. Wilson. We do not think that Dr. Newman supports his cause, or that his correspondents gain in credit by the printing of their communications.

The first letter has the merit of brevity; it runs thus:—

"Neither of the four questions in your statement is homœopathy, as I have learned it from Hahnemann himself, and therefore I should never dream of practising thus."

Surely the writer of this remarkable epistle cannot mean to affirm merely that he does not think that the practice which Dr.

Newman wishes condemned is sanctioned by Hahnemann, as all may learn by consulting his writings. If such had been Dr. Malan's meaning, he would hardly have written such a piece of nonsense and bad grammar as *neither* of *four* questions is homœopathy—nor would he have said he had learned it from Hahnemann himself. No, the only explanation, after much reflection, we can arrive at is, that he has been consulting Mr. Hume or some other medium, and that having put the question the spirit of Hahnemann rapped out this answer. This hypothesis would explain at once the absurdity of the language, (for spirits we observe generally are weak in grammar,) and it would also clear the writer from the imputation of presumption in representing himself as enjoying the exceptional favour and intimacy of the founder of our school.

The next player in this four-act-comedy or farce, also invokes the name of Hahnemann. After blaming the officers of the London Homœopathic Hospital for declining to meddle in the affairs of another hospital, and grounding his censure upon the odd reason that they should have answered Dr. Newman's questions because they required no answer—the answer being self-evident—he forthwith proceeds to accomplish this unnecessary task, and as he is troubled with no doubts we presume he meets with no difficulties in practice.

The next letter is from Dr. Hewitt, who, after referring to the Organon of Hahnemann for the final test of the expediency if any mode of homœopathic practice, continues :

“ If my opinion could carry any weight, I have no hesitation in denouncing all such methods of practice as those contained in questions 1, 2, and 4, as having no claim whatever to be called homœopathic, being in utter violation of some of the first principles. I therefore can only consider such practitioners, calling themselves homœopathic, as *guilty of imposition upon the public*, by professing that which they do not practise.”

The last letter is from Mr. Wilson, who entirely coincides in opinion with Dr. Hewitt; but expresses his sentiments—as his wont is—in more forcible language, denouncing as *a fraud* the practices which Dr. Hewitt mildly describes as an imposition.



As brevity is not Mr. Wilson's forte, we cannot afford space for the insertion of his letter, which exceeds in length that of his three confederates.\*

Let us now consider briefly the principles which should determine any authoritative answer to such questions as these.

When we are asked—is this or that point of practice “homœopathic”? we cannot but feel that there is another question lying behind this, viz., what constitutes “homœopathicity”? There are two modes of settling this point. The one is, to consider Homœopathy as the system of medicine invented by Hahnemann—a system complete in itself, sprung full-grown from its author's brain—a revelation infallible and final, whose Bible is the Organon. Hahnemann being thus regarded as the inspired Apostle of the new faith, our part is simply to interpret his teachings, and our safety lies in avoiding all modification of or addition to them. If we ask the defenders of this doctrine—what constitutes homœopathicity?—they simply refer us to the last edition of the Organon. This is the ground taken up by Dr. Newman's supporters. Dr. MacLimont's friends, on the other hand, seem to adopt a different principle of judgment. Recognizing Hahnemann as the discoverer of a central law of nature, they see in him no infallible expositor of its application to practice. Their notion of “homœopathicity” evidently embraces any mode of proceeding which is a true logical deduction from that law, whether the deduction has been previously made by Hahnemann or no, or even should it contradict his own inference in the same direction. And they seem to recognize a sphere of practice to which Hahnemann's law does not apply, and in which the principles of chemistry and mechanics can be beneficially applied to practice.

Now we yield to none in true reverence for Hahnemann and in appreciation of his high qualities and the greatness of his discovery; but we must claim the full liberty of men of science.

\* Dr. Newman's circular, containing the above documents, was preceded by an opposition manifesto from Dr. MacLimont; which, besides replying to Dr. Newman, gave two letters (the writers' names suppressed) which Dr. MacLimont had received, answering the questions in a sense favourable to his practice.

The discoverer of a new law in science has no monopoly of its comprehension or application ; and it is not only possible but most probable, that the first discoverer of a principle may not have found out all that is to be known as to its application to practice. Indeed, it is scarcely possible that he can do more than make a beginning in such a complicated art as medicine, whose progress is intervoven with that of so many other branches of science. To bind down and stereotype Homœopathy to the exact mode considered to be the best way of applying the homœopathic principle in medicine by Hahnemann in his last works, would be simply to stop all possibility of progress. We must, therefore, not hesitate to apply the ordinary methods of criticism to the practical directions of Hahnemann himself, in the same way as to those of any one else.

With respect to the simultaneous employment of the Homœopathic specific, locally as well as internally, this is condemned in miasmatic diseases on the ground that after the disappearance of the outward disease, 1st, we do not know when the disease is cured ; 2nd, or that the choice of the specific becomes more difficult ; 3rd, or finally, that by driving in the outward symptoms the inward disease changes its character into numerous more dangerous forms. Now, as to the first, that may be a good semeiological remark, and we have all along accepted it ; but it is in no way a corollary from the Homœopathic principle—it is no answer to the question whether homœopathic or not. It is a question of good or bad practice, and would apply equally to any allopathic mode of cure of miasmatic disease, if any such exists. To No. 2 the same answer must be made, as no matter what principle of cure we adopt, it is of consequence for diagnosis to have all the symptoms we can get—though no doubt the homœopathic method requires them to be more minute than any other at present known. To No 3, we have only to say that, whether a correct observation or not, it is simply a pathological theory and has nothing specially to do with the homœopathic principle of cure. It is therefore plain that to say any particular practical rule is consistent with homœopathy because it is laid down in Hahnemann's *Organon*, is not strictly sufficient. We are all quite able to judge whether a

particular medicine is homœopathic by studying its symptoms and comparing them with those of the disease. But how to use it practically to the best advantage is quite another question, and there may be plenty of bad practice as well as good that is homœopathic. To apply the homœopathic principle successfully requires a great deal more knowledge than the simple fact, that "like cures like," and the *Organon* contains an immense mass of sound observation and sagacious reasoning over and above the homœopathy; and we, for our parts, bow to the reasoning of Hahnemann and willingly follow him in endeavouring to cure, from within alone, most diseases depending on miasms. It is, nevertheless, still open to any one to question the facts as to the above reasons, and to say he does not find it so, and that homœopathic remedies, outwardly as well as inwardly, simply cure the whole disease better and quicker and more completely. We cannot see how such a thesis would be unhomœopathic, although it would be contrary to Hahnemann's experience in homœopathy. Of course it is plain that we think the whole psoric theory is not essential to homœopathy, but must stand or fall on its own merits as a pathological hypothesis.

So far we have been reasoning as if scabies were a dynamic affection, and not dependent upon the presence of a parasite. But, recalling this indubitable fact to our minds, what objection can be made if a homœopathic physician conjoins with the internal administration of sulphur the external application of the same remedy mixed with lard to the affected portion of the skin?

Let us suppose a case: A native of Scotland consults Dr. Hewitt or Mr. Wilson, and on examining the hands of this patient small vesicles are observed between the fingers; in accordance with Hahnemann's instructions one globule of the 30th of Sulphur is adroitly placed on the tip of the sufferer's tongue, who is dismissed with a request to return at the end of a week for a repetition of the dose, and this process is to be continued for ten or twelve weeks, when, if the cure is not complete, *carb. v.* 30 is to be given in the same way (*Organ.* § 240, note). Suppose either or both these practitioners (for the case being serious they

might have had a consultation about it) were, on going to bed, to feel an unpleasant itching and burning between the fingers, and on carefully examining with a lens the spot whence this proceeded, were to discover that the skin had been broken into, and that the little skin-breaker had ensconced himself at the end of his passage, where satisfied with obtaining bed and board, (without washing,) he intended to remain and multiply. How would Dr. Hewitt or Mr. Wilson comport himself in such a dilemma? *Here* was the itch-fiend *in propria persona*—*Psora revelata*—there stands the Organon, and there are five volumes of antipsorics, and endless rows of bottles, containing the highest dilutions—what is to be done? Dare we surmise, that under cover of night, and the seclusion of a carefully-closed bed room, either of these denouncers of impurity would yield to the terrible temptation of getting rid at once of the nasty vermin which had intruded upon his pure person, and without more ado would proceed to a vigorous attack upon the stronghold of the *acarus* with the weapons best suited to the somewhat inglorious encounter? Would either of these gentlemen, knowing what itch is, be contented, if they had the misfortune to acquire it, with smelling or even taking into the mouth one or more globules of the highest dilution? Does any one believe they would? Certainly not. We all know that they are far too well aware of the nature of itch, and that they would lose no time in suffocating the insect, by rubbing into its hole some unctuous substance, such as lard, and if this were mixed with Sulphur it would do the work more effectually. And in employing such measures they would have followed the example of Hahnemann, who, when consulted by Hartmann's brother, when suffering from the itch, prescribed "an ointment composed of half a scruple of Sulphur and an ounce of lard;" for Hahnemann, besides being a man of great genius, was largely gifted with common sense, and altogether above the puerile imbecilities of practice paraded under his name by his pseudo disciples.

But what of the poor patient? Is he to have the benefit of the ointment which destroyed in the persons of his medical attendants the progeny of the brood which torments him? If

they prescribe the ointment what becomes of their consistency? How dare they do that which they denounce their brethren as impostors for doing? If they do not afford him the same relief they obtained themselves in similar circumstances, where is their honesty?

In the second matter of removing a cancerous tumour by caustic applications, Hahnemann (*Organon*, § 205) condemns the practice on the ground, that even if you thus cure the cancerous deposit, still you do no good to the psora which causes it, and in consequence "the vital power is forced to carry back the germ of the great internal disease upon a more essential part, and thus occasions blindness, deafness, madness, suffocative asthma, dropsy, apoplexy, &c." The simple fact of the matter we all know is, that when a cancerous ulcer or scirrhus tumour is extirpated, either by the knife or caustic, the disease most frequently, if not uniformly, returns, either in the same spot or in some other part. All he says about the psora being the cause of cancer as well as other maladies, is purely hypothetical, and has no bearing on the question whether it is Homœopathic practice to remove the local deposit, though it may help us to decide whether it is good or bad practice so to do.

Another thing also we must not lose sight of. Hahnemann, with the sublime faculty of true deductive science, wrote the *Organon* almost before any practical Homœopathy was in existence, just as Adam Smith wrote the *Wealth of Nations* long before any nation put the doctrines into practice, and verified their correctness. The *Organon* is therefore, to a certain extent the *Organon* of Homœopathy such as we hope and expect it may be in the future; but what it is alas far from at present. All of us, we apprehend, would be only too happy to cure cancer with one globule of the 30th of any antipsoric at any intervals prescribed by Hahnemann. But in practice the question but too often, though not invariably is, what are we to do when all those directions rigidly followed to the best of our ability, fail to arrest the disease or give any relief. Are we to go on failing to cure or even relieve suffering till the patient sinks into the grave under inconceivable tortures? We think not, and that any homœopathist should call in the aid of

*palliative surgery*, either by the knife or caustic, while still combating the internal disease by Homœopathic specifics, is, we think, a legitimate proposal.\* We are far from being so sanguine as Drs. MacLimont and Marston as to the good to be expected from it; but we object to its being banned as un-homœopathic or unorthodox.

In saying this, however, we feel compelled to enter our protest against one of the arguments Dr. MacLimont adduces in justification of this point in his treatment. "With regard to the cancer cases," he writes, "I had hoped that their insertion in the first homœopathic periodical of the day—*The British Journal of Homœopathy*—would have been sufficient endorsement even in the estimation of my colleagues; but in this I was mistaken." The mistake made by Dr. MacLimont was not that his colleagues thought less of this Journal than he did, but that they were perfectly well aware that the mere fact of Dr. MacLimont's cases being published in the *British Journal of Homœopathy*, was no proof whatever that the editors of this work desire to endorse or sanction in any way this particular method of enucleating cancer, much less the propriety of so doing in a Homœopathic hospital. His colleagues know—and it seems strange that he who professes so high an esteem for this Journal should not know—that from the very first our pages have been open to all respectable practitioners to narrate their experience and advocate their opinions, and that we have never excluded papers because we disagreed with the method of treatment detailed in them; but in this matter have always avowed, and have never been induced by any consideration to depart from, absolute neutrality, so far as that consisted in affording to every claimant a fair field, but to none any favour. This, of course, does not preclude us from exercising our right of judging of the propriety of inserting articles sent to us; but what we wish that there shall be no mistake about is, that when we publish a set of cases with the name of the writer of the

\* If the doctrine which is fast gaining ground among modern pathologists (see Virchow's newly published work entitled, "Die Krankhaften Geschwülste") be correct, that cancer is primarily a local perverted nutrition, and that the system is only infected secondarily, the argument in favour of surgical measures becomes very much stronger.

article, that he, and not we, is responsible for the treatment therein described as having been pursued.

With regard to the last piece of practice animadverted upon, the topical application of a solution of Chlorate of Potash to a diphtheritic throat, while the Iodide of Mercury was being given internally—we really wonder what Dr. Newman can find to object against it. Were the Chlorate of Potash used for its specific properties, the question would only resolve itself into the wider one of the alternation of medicines. But Dr. Newman must know that this salt has other properties which would render it of much use in a case of this kind. It is disinfectant, and so helps to neutralize the offensive odour from the throat, which poisons the patient, and distresses the attendants; and it has the chemical property of dissolving the diphtheritic pellicle, whose presence is, in some cases, the cause of much peril from mechanical obstruction.

In the foregoing remarks we have considered only one of the questions raised by Dr. Newman and his supporters—that of the homœopathicity of certain practices. But a second question remains—how far are such practices permissible in a Homœopathic hospital? In considering this point, let us briefly advert to the general principles which we should expect to regulate the management of our Homœopathic hospitals.

Let us observe that in this country our hospitals are unendowed, and therefore dependent for their very existence upon the support of the public. To obtain this support they must fulfil, to some extent at least, the reasonable expectations of their supporters. Now the body of subscribers to any considerable hospital must be very large and miscellaneous. They subscribe from different motives. One because he is strongly impressed with the superiority of Homœopathy, and desires that its claims should be tested in a public institution to which the profession may have access. A hospital in his eyes is a propaganda college, and had he the entire direction, he would exclude all cases which were not adapted to illustrate in the best manner the principles of his favourite system. Another subscriber believing indeed that homœopathy is the best system, but by no means recognizing it as exclusive, gives his



money and influence to Homœopathic and Allopathic hospitals alike, from a principle of Christian benevolence—he gives not to promote homœopathy but to relieve suffering. Another has perhaps a narrower point of view; though not himself a believer, he comes in contact with many of the humbler classes who are—among it may be his dependants or his parishioners—his subscription gives him the privilege of obtaining for them, when ill, the comforts of a hospital where the treatment is in accordance with their own medical creed. The managers of a hospital have to consider all these classes, and to satisfy the reasonable expectations of each. Were they to admit only what may be called testing cases, that is cases which best illustrate the superiority of our system, they would disoblige a very large number of their supporters. They must open their doors as wide as other hospitals, and admit, with few exceptions, all who are too ill to attend as out-patients, *till the hospital is full*. Then it is in the power of the medical staff to exercise, to a certain limited extent, some control over the cases admitted. Here comes the point when the advisability of admitting surgical cases at all will necessarily be discussed.

There was a time, and that not very long ago, when the necessity of receiving purely surgical cases might have been doubted. It might have been objected to their admission, that the object of the hospital being to treat patients in accordance with a peculiar therapeutic formula, it was, to a certain extent, a malversation of the charity to make it in any degree a surgical hospital, for that the principles of surgery were acknowledged by Allopath and Homœopath alike; that the celebrated Liston, while avowing, and to some extent practising Homœopathy, went on his brilliant career as an operating surgeon, quite unaffected by his adoption of Belladonna as curative in erysipelas; and that as a small Homœopathic hospital could never afford much space to purely surgical cases, it would be better to afford none, but for the homœopathic public to obtain its surgery from those who dealt exclusively in surgery, and who, although not themselves disciples of Hahnemann, yet treated their brethren who were, with the same courtesy and consideration as



they acted towards the dominant school of disbelievers in homœopathy. Such was the course pursued by the pupil and successor of the great Liston, and by other surgeons of note.

But since, under the terrors of the medical press, many of the surgeons of the old hospitals have chosen to turn their backs upon us, there is nothing left for us but to adopt surgery into our own hospitals, there to demonstrate that we require no foreign aid, but that among our own body we have men who by their knowledge, skill and coolness, bid fair to rival our opponents in the specialities of operative surgery. It is, therefore, a necessity, at the present stage of homœopathy, that surgery should have a place in every considerable Homœopathic hospital. At the same time we should regard it as a positive misfortune to these hospitals, if this adopted branch overshadowed the parent tree. If by introducing a large number of purely surgical cases of a particular kind—say of stone—and publishing as if it were all that was done in a Homœopathic hospital, any considerable number of cases of lithotomy performed in a manner different from the ordinary—the public attention was entirely diverted from what is essential and fundamental, to what is merely a temporary accident of our present position, then we certainly think that the medical staff, and the subscribers to such a hospital would have a legitimate ground of complaint, that the main object of the institution was being sacrificed to a very dubious speciality. The case, however, is still stronger, if the surgical method of procedure be not an operation requiring any purely surgical skill whatever, one performed by a physician, and one held in suspicion by the adherents of all systems, and hitherto practised only by foreign adventurers.

We should not therefore have blamed the Committee of the Bath Hospital, if they had interdicted Dr. MacLimont's enucleation of cancer in their wards, and restricted him to testing to the utmost, what could be done in its treatment by homœopathic specifics. That they have not followed this course, implies much confidence in their medical officers, and gives good reason for hope that we shall have no repetitions elsewhere of the Bath scandal.

We cannot take leave of this painful affair without expressing our deep regret that such quarrels should occur to mar the harmony of the homœopathic body. We are but a little company here in Britain: we are surrounded by thousands of foes in the persons of our brethren of the old school; and our cause is in peril indeed if we cannot be at peace among ourselves. Is not the common acceptance of our fundamental principle a sufficient bond of union? And must we ever be quarrelling about non-essentials, and endeavouring to obtain in a practical art an uniformity which, if obtained, would tend to lower its practitioner to the level of mechanics. Let every man test for himself the adaptation to practice of Hahnemann's discovery; and then for the future act according to the experience he has obtained. But let him not condemn others who, heartily accepting that discovery, embody it in forms of practice different from his own, or recognize beyond its limits other modes of safe and effectual treatment. As long as such men are content to enrol themselves in our ranks, and fight under our banner, we are traitors to our cause if we reject their fellowship. "He that is not against us is for us."

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## A STRAY LEAF ON INFANTILE CONVULSIONS.

By DR. HITCHMAN.

CONVULSIONS are so frequent in young children, so terrible and alarming in their nature and aspect, and withal so often fatal, that it becomes a matter of great moment to consider seriously whether their *treatment* is always sufficiently and properly understood. Convulsions vary much in their degree and duration, from the "inward fits" of the familiar nurse to the profoundest coma of the doctor—from a state of slight temporary drowsiness and perhaps transient torpor, to one of deepest and lasting stupor, with general paralysis both of feeling and of motion. There may be suspension only of some of the intellec-

tual faculties, as occurs in somnambulism, and several forms of lethargy, or thought, sensation, and voluntary motion may be alike abolished, and life alone sustained by a partial supply of nervous influence to the involuntary organs. In what are called inward fits there is a rolling about of the eyes when asleep, a drawing down of the mouth, with twitchings, *celestial* smiling during sleep, and not unfrequently a little blueness about the lips, symptoms owing their origin, no doubt, to stomachic distension and flatulence, and for the most part dispelled without our interference by maternal frictions on the back and bowels, or a little Sal volatile it may be, or some aromatic distilled water. In a severe case of convulsive attack, there is a universal spasmodic contraction of all the voluntary and many of the involuntary muscles of the body, accompanied by foaming at the mouth, protrusion of the tongue, staring of the eyes, distortion of the eye-balls, laborious and obstructed respiration, sometimes associated also with a violent redness of the face and scalp, at the commencement of a paroxysm, followed by a purple colour of the congested body at the termination of it. Generally, however, the child is seized suddenly with a spasmodic twitching of the muscles of the face, arms, or legs, which are restlessly agitated to and fro, the little hands are firmly clenched, the body bent back, the features distorted, the eyes open but with a wild stare—in fact, a fixed, importuning, horrid look, dilated pupils, and a countenance alternately pale, wan, flushed, and livid. A paroxysm of this kind may prove suddenly fatal, or it may continue for a few minutes, gradually subside and never recur: on the other hand, it more frequently returns at uncertain intervals, ranging from a few days to several weeks, or even longer. As a rule, I have observed that the longer the paroxysm and the shorter the intervals, the greater the danger, and the more fatal the ultimate issue. The occurrence of paralytic symptoms denotes extravasation of blood, or exudation of serum,—in a word, hydrocephalus, or water in the head. The most familiar instances occur in the convulsions arising from gastric irritation and teething in children, the result of abnormal excitement of the excito-motory system;

strumous patients in whom there exists great constitutional weakness, with more or less of chronic swelling of the absorbent glands, and frequent tendency to imperfect suppuration. Children, too, who suffer much from conjunctival inflammation attended with erysipelatous redness and swelling of the eyelids, with formation of pustules ; such being afflicted also with more than ordinary inflammation of the gums in dentition, and exceedingly apt to be convulsed from the slightest irritating or occasional cause—gastric derangement from mesenteric disease, the disagreement of the maternal pabulum, overloading their stomachs with too much, or indigestible food ; in such cases we have irritable bowels, sometimes constipation in alternation with diarrhoea, a dry red tongue, tumid abdomen, quick pulse, the stools being foetid and unnatural, milky urine from deposits of phosphates, picking of the nose, grinding of the teeth, and starting from a restless sleep, obviously the result is *convulsion* from peripheral irritation—an influence transmitted from the nerves of distant parts of the body, to the centre of the nervous system, the brain, and spinal cord. The attack is always dependent on an affection of the origin of the muscular nerves, produced either by direct or sympathetic causes, and arises very commonly during the progress of eruptive fevers, and seldom, I think, from primary or immediate disorder of the brain itself—having this important distinction, moreover, in their pathological nature, that those convulsions which involve the medulla oblongata, are incomparably the more serious and severe, if not absolutely mortal. We may be assisted in our judgment by an examination of the gums, by a careful inquiry into the state of the secretions, by learning if any kind of eruption has recently disappeared, or if the child has sustained any fright, or been nursed by a woman whose mind had been suddenly shocked : in either event, the infant may have cried long and bitterly, apparently in intense pain, with a finger or toe *contracted* ; possibly, too, the first appreciable symptoms have been a kind of wheezing or croupy breathing, instantly succeeded by a general convulsion.

What are the indications of treatment ? What are the best

practical suggestions? In children so predisposed, it is true, there may be inflammatory action within the encephalon. The contents of the cranium, involving the cerebral organ or brain proper, the cerebellum or lesser brain, medulla oblongata, or upper enlarged *momentous* portion of the spinal cord, and the membranes: in others, frequently the converse—no inflammation. How shall we accurately diagnose? When cerebral erethism, bespeaking *glonoine*, *aconite*, *belladonna*, *hyoscyamus*, in their first centesimal dilutions, and cold affusion? When cerebral exhaustion crying, as it were, aloud for a diametrically opposite plan? Of another course of proceeding must we, in these circumstances, think? Wine and milk, *fer. carb.*, *ammon. carb.*, *cuprum acet.*, *arsenicum*, *china*. When lance the gum deeply and freely? When eschew this operation and refrain? These are vitally interesting points of bed-side practice. Let us briefly enquire into their details with a view to a fuller and more satisfactory elucidation of them. The same diagnosis will apply as regards our reformed school of therapeutics, so utterly independent of mere nosological names, whether the convulsions are the concomitants of small-pox, measles, croup, scarlatina, hooping cough, spasm of the glottis, or other diseases of children. The brain sympathises, so to speak, most strongly with many affections of the skin. The irritation which should have been fixed on the cutaneous surface, may be transferred by metastasis, as it is called, to the cerebral organ, and thus become the exciting cause of dangerous organic disease; the convulsions will then be severe and constantly repeated, and unless checked by timely and skilful homœopathic interference, may prove speedily fatal. Diseases the most acute, have sometimes terminated by sudden transition, in attacks of mania, chorea, epilepsy, catalepsy, hysteria, and other convulsive maladies in quite young persons, the subsequent prognosis depending very much on the kind of treatment to which they may happen to have been subjected in the present state of things. I shall adopt for my future remarks the simple division of *increased* and *diminished* sensibility, with paralysis and convulsions.

A child is attacked, after the existence, probably, of some unnoticed precursory warnings, with strong and violent convulsions, intense heat of the head, and cerebral congestion: with headache, manifested by the utter inability of holding its head upright, by leaning it on the shoulders, or burying it deeply in the pillow, with great heaviness, pulse quick and hard, skin hot and dry, and the bowels obstinately constipated, tongue loaded and parched, face flushed, veins turgid, *fontanelle* elevated: stomach irritable—vomiting produced on the child's mere change of position—the head is incessantly rolled about on the pillow—its left hand as perpetually raised to the temple, with short catchings of the breath, followed, perhaps, by hiccup—*right hemiplegic*, one pupil is contracted, and the other dilated—the brows are knit, with intolerance of light, and last, though by no means least, the urine is scanty and high coloured, passing from the patient like drops of scalding water. Now, if the process of dentition is going on in this case, we should, I submit, be overlooking an essential part of the treatment, if the hot, swollen, and inflamed gums were not freely and extensively scarified; and here also, is peremptorily demanded in the majority of instances *Glonoine*, *Merc. Iod.*, *Aconite*, *Belladonna*, *Hyoscyamus*, cold affusion to the scalp, with pounded ice, a warm bath, clysters of warm soap and water—a small spoonful of Turpentine, one also of Castor oil, and yolks of eggs, together with a foot bath, some mustard flour being added to the water. Should the abdomen be greatly distended by air—the belly must be rubbed assiduously with some gently stimulating application, Brandy, Whiskey, Spirit of Wine, Sulphuric Æther, or Camphorated oil. These auxiliary measures, however, it is right to add, are but seldom necessary, if adequate care is bestowed upon the selection of a true harmonic remedy, owing to the signal relief, which, when appropriate, the medicine rarely fails to afford; nevertheless, an experience of twenty years has taught me that it is right occasionally to employ them, inasmuch as I have found them useful, as a temporary means of alleviation, in peculiar and pressing cases of exigency. The above is an instance of *increased* sensibility. On the other hand, it is very common, in practice, to meet with

violent convulsions, where the child is pale and weak, with a sort of spurious *embonpoint*, a plumpness without good plight, although the countenance is at times highly flushed, and there may be superadded an external inflammation, with great heat of the head and face, &c.; drowsiness, stupor, a *dilated* pupil, and squinting, with congested vessels of the scalp. Now, in this case, there is impending death from cerebral exhaustion, the fontanelle being *depressed*. This is not a state of vascular energy, or plethora, yet the child is wholly unable to hold its head up, and the breathing is embarrassed, irregular, difficult, and sighing. *The grand distinctive mark is that the fontanelle is sunken.* The space left in the head of the child, where the frontal and occipital bones join the parietal, is *concave*, as opposed to *convex*. This is the important guide, though ordinarily ignored, both in professional and domestic books, whether "Physician's Vade Mecums," or "Family Homœopathic Samaritans." This is a case of *diminished* sensibility, with convulsions, a morbid condition, I am perfectly certain, which has been often induced by the allopathic routine practice of abstracting blood, and a hasty recourse to mercurial purgatives, and those many other exhausting measures, which so redundantly appertain to that legitimate—albeit, perverse and incongruous system. Many of the advertised nostrums, too, miscalled "Soothing powders," consisting of Opium, Chalk, Musk, and other aromatic ingredients, doubtless contribute largely to the extension of these evils. *Ferr. carb., Cupr. acet., Arsenicum, China, Ammon. carb.* in the domestic form, it may be, of a few drops of Sal volatile and water, or beef tea, a small spoonful of sherry in a glass of fresh cow's milk, a teaspoonful being administered at discretion, and *warmth*, are amongst the best remedies for this dangerous and frequent malady. Worms, also, and the imprudent drying up of old cutaneous eruptions, and discharging sores upon the head, and behind the ears, blows on the head, and the constant administration of injurious, because undiluted drugs, may be considered among the most powerful causes of infantile convulsions, and those occurring in early childhood. If properly interpreted the condition of the anterior fontanelle, therefore, forms an indication of great

practical value in the treatment of diseases of children. When the arterial circulation is in a natural state of vigour and activity, the anterior fontanelle is observed on a level with the surrounding parts. If from some cause the cerebral circulation be unduly excited, it is raised, or rendered more tense and prominent; but if, on the contrary, the same circulation be enfeebled, it is lowered and depressed below the contiguous structures. In his excellent "Lectures on the Cranium," Prof. Hilton, of the London College of Surgeons, truly says, "I know, in fact, of no sign that so clearly and correctly estimates the state of the vital powers of a child, as this easily recognisable condition of the anterior fontanelle. If on a tactile examination it be found considerably depressed, it forms one of the strongest marked indications that can possibly be encountered of feebleness and debility, because it is an evidence of the power at the centre of the circulation being inadequate to the supply of the cranial contents with their normal and healthy quantity of blood."

I have been too often "called in," in cases of infantile convulsions, under the following painful and deplorable circumstances:—

A fine, strong, and previously healthy child is suddenly seized with convulsions, and he has the misfortune to undergo the regular, orthodox, legitimate, stereotyped, EXHAUSTIVE process of bleeding, cupping, or leeching, or most commonly all three consecutively—the convulsions in some degree subside, and then recur with unabated violence, the child is again cupped to fainting during this severe attack, having, of course, been duly purged, *secundum artem*, with Calomel, and blistered in the interim. "Our Doctor, you know, who stands extremely high," has done all that could be done, aided by others in this unscientific process of mangling, and the child is left for me to look upon, and furnish a certificate of the cause of death, left bleached and blanched, with a depressed fontanelle, another and more violent paroxysm of convulsions speedily ensues, from which no human power can rescue it.

Only last week I saw a beautiful child of two years old, leeches to syncope, during a convulsive attack, and from all I



could gather, by no means a severe one—no sooner, however, had the faintness subsided, than the child became permanently bleached, with a depressed fontanelle, another still more violent fit came on, from which it never rallied. Did not these poor children die of three physicians and an apothecary? Oh, no! certainly not! The latter genus of the order, “doctor,” is well-nigh extinct; every one, now-a-days, is “*a physician*,” no matter whether he be esteemed a fool at forty or at twenty-one years of age. *Eheu! conditionem hujus temporis!* Unfortunately, at present, there are no generally recognised rules for the construction of genera amongst doctors and physicians, and as almost every man has his own particular views with regard to the propriety of uniting, or separating particular groups of species, the synonyma of genera become every day more and more difficult to ascertain and appreciate. “Without hesitation, it may be stated,” says Sir Charles Locock, “that practitioners have been by far too apt to generalise in the treatment of infantile convulsions, and their practice has consequently degenerated into mere routine, *and that often on mistaken principles!*”

He then narrates the following case, that of one of his own patients: A child of two months old, large and fat, was seized with violent convulsions suddenly, the bowels having been disordered from bad breast-milk for a few days previously. The convulsions lasted seventeen days, sometimes occurring three or four times in an hour, and never ceasing for more than four or five hours at a time. The fontanelle was depressed and concave always in the intervals of every paroxysm, and the treatment consisted, it would really appear, of much the same kind of routine as he had formerly condemned in others; at any rate, it is a tolerably close approximation thereto, embracing, as it does, antispasmodics, such as, it is presumed, Assafoetida Mixture, Ammonia, Camphor, Æther, Musk, Valerian, and the like, nay, even Opium itself, external applications also to boot, with clysters, purgatives, and opiates in variety, in short one drop of the common strong tincture of Opium (*i. e.* Laudanum) was administered every hour for no inconsiderable number of doses. Seeing that this treatment was continued for a fortnight, but

with no permanent improvement, alas! on the seventeenth day, the bad success of the previous remedies induced the Queen's accoucheur to try the proper homœopathic remedy, *Ferr. carb.*, a small dose of which was at length judiciously given, alone, every second hour, for a couple of days only, and thus saved this little sufferer's life. After the second dose, simply says Sir Charles Locock, the face became florid, *the fontanelle elevated*, and—what next? the convulsions ceased! In the intervals of the fits the child partook of breast-milk by means of a spoon during the whole period, and after a change in the medicine, made a perfect recovery. This is a very important and instructive case—an *experimentum crucis* as regards principles in practice, homœopathy *versus* allopathy; it ought, in fine, to be printed in letters of gold, and dedicated to the Royal Children of Her Most Gracious Majesty, worthily beloved as a Queen, a widow, and a grandmother. But was it a homœopathic remedy after all? According to the plainest testimony of the ablest men of his own school, it unquestionably was, and is so. I could quote numerous authorities in its confirmation and support, without any, the slightest reference, whatever, to the provings of Hahnemann and the Homœopaths. *Ex uno disce omnes*. Pereira says, *Mat. Med.*, vol. 1, p. 831:

“The physiological effects of Carbonate of Iron are those produced in man by the ferruginous compounds generally, thus we find excitement of the vascular system, particularly irritation of the brain, throbbing of the cerebral vessels, pain in the head, a febrile condition is set up in the system, with a tendency to hæmorrhagic effusion, uneasiness and sense of weight at the precordia, nausea, vomiting, purging, in short, the constitutional effects of iron are principally observed in the alterations induced in the actions of the *vascular* and *muscular* symptoms, and as a medicine,” adds the renowned pharmacologist, “iron is most useful in those affections of the nervous system, which occur in weak, debilitated subjects, more especially *convulsions*, epileptic, hysterical, choreic, and that peculiar form of paralysis produced by the vapour of Mercury.”

At all events, it is an undoubted truism, according to the tes-

timony of countless writers, both British and Foreign, that iron, administered in repeated doses, to various animals, has induced the most severe forms of cerebral congestion, with epistaxis, and foaming at the mouth, together with well-marked convulsive movements of the body generally, and effusion of serum in different parts of the areolar tissue. One of the best accounts of the physiological effects of Iron is that published by Vincent Menghini. *De Ferrearum particularum progressu ad sanguinem* in the *Comment. Acad. Bonon.* t. ii. pt. iii. p. 475, quoted by Bayle in his *Bibliothèque de Thérapeutique* t. iv. Paris, 1837, and other good illustrations may be found in Andral, *Pathol. Anat.*, by Townsend and West, 1, 97; as also *Vers. üb. d. Wege auf welch. Subst. aus d. Magen u. Darmk. &c.* Iron has likewise been found in the urine, and it is not improbable, bearing in mind its notable presence in the normal condition of the blood, that any excessive augmentation of this important metal would result, not only in the production of cerebral apoplexy, with paralysis, or convulsions, but in a poisoned condition of every organ and tissue of the body.

Dr. Wilson, late senior physician to St. George's Hospital, states that the ordinary treatment of convulsive disease is often carried to a most mischievous extent. Under all methods of treatment, be it understood, the healthy nutrition of the frame is the end proposed. The power of small doses of *Arsenicum*, he says, in the control of convulsions, is established in his mind by the record of many cases, in many years, as one of the strongest truths of practical medicine. That *infinitesimal* quantities of this mineral, in solution, have often lessened the severity, and shortened the duration of convulsive disorder, there can be no question. And this we should remember is accomplished by an *infinitesimal* dose of physio. Let no physician, continues Dr. Wilson, refuse this phrase—it implies the principle of the vaccine virus with that of small-pox fever, of marsh miasma, as of plague by contagion. Of elements electro-chemical in their relation by air, or food, with the blood, who shall presume to declare how *little* is essentially necessary for the production of disease, or of the actions which are its

cure? In that mass of the blood, by function, as in composition, surely a slight reagency may suffice to effect the greatest ulterior change. That the little squalid, emaciated subjects of a convulsive malady should recover as they do, from the exhaustion of its spasm, and literally fatten on small doses of *Arsenicum*, is a truth far beyond our apprehension, and inconceivable, adds Dr. Wilson, except as an irrefragable fact, "*established by repeated observation.*"

It is impossible, indeed, to examine the periodical and other medical works of Great Britain, Ireland, and America, as I have constantly done, without being forcibly struck, as Dr. Frank and others have been, in their more extended researches into the allopathic literature of France, Germany, and other countries of Europe, with the curative results mentioned in the different archives and records, and the brilliant illustrations they afford of the truth of the therapeutic principle developed by the genius of Hahnemann, albeit, heralded it was, up the whole ascent of history, and that, too, with deathless notes, by such prophetic harbingers as Hippocrates, Paracelsus, and Stahl. "Those who have ever considered the minute exactness," says Professor Paget, in his admirable lectures at the London College of Surgeons, "which must exist in health between the blood and the tissues, will never be surprised that any, even the most minute alteration of this adaptation may become a source of disease." Why, therefore, I ask, may not any, even the most minute quantity of the appropriate remedial agent, so adapt itself, homœopathically, to this morbid change, as to become a source of health? Homœopathy, justified by experience, protests that such is the fact! *Ars medica est tota in observationibus.*

If gratuitous allopathic assumptions were not contradicted by overwhelming homœopathic experience, medicine would, indeed, remain an ill-fated art, but let us be thankful that it is not always (as Dickens says) "equally impossible to do the plainest right, and to undo the plainest wrong, without the express authority of the Circumlocution Office," a magnificent establishment, doubtless, which has hitherto had its representative

not for an age, but through all time, ever beginning, ever tending to some goal, but never attaining it, stopping short, as it uniformly does, at its very starting, and in the very act of progress, absorbed in the atmosphere of prejudice and bigotry, which limits its mental views, and alone gifted with the art of perceiving "*How not to do it!*"

The law of similarity, we know, is true, both theoretically and practically, meanwhile, like all other boons conferred upon suffering humanity, it must endure a large amount of misrepresentation and egregious abuse; it must bide its time; nevertheless it is, truth-like, rapidly gaining ground amongst the unbiassed and intelligent, and will, I doubt not, ere long, achieve a triumphant victory over all opposition, and attain its ultimate rank as the established doctrine in medical science, while the blind and empirical practice of the past, a relic-token of yet darker ages, the perverse and unnatural method of compound drugging, and administering of huge quantities of heterogeneous substances, whose poisonous properties were never ascertained upon the healthy organization, nor physiologically understood, shall be no more, and allopathy, as formerly practised, shall wend her way to a final resting-place in the "tomb of all the Capulets," and be ranked among the things that were. For however much medical associations may persist in closing their eyes to a knowledge of this important truth—homœopathy must and will progress; its law of cure partakes too much of universality in its application, to be laid prostrate by any hostile or anti-homœopathic crusade; like another and yet more sublime reformation, it shall work its onward way in the righteous cause of healing the sick, and advancing the physical and moral welfare of the whole family of man, thus realizing the fervent expectations of thousands, whilst its retardation would as surely mar the happiness of millions.

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REVIEWS.

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*A Clinical Treatise on Diseases of the Liver.* By Dr. FRIED. THEOD. FRERICHs, Professor of Clinical Medicine in the University of Berlin. Translated by CHARLES MURCHISON, M.D. 2 vols.

*Jaundice: its Pathology and Treatment.* By GEORGE HARLEY, M.D.

THE two works whose titles we have transcribed are amongst the latest contributions to the subject of which they treat, and may both be perused with pleasure and profit. Prof. Frerichs' treatise is one of the most valuable of the translations which the New Sydenham Society has given us. It passes in review all the graver forms of hepatic disease, illustrating each with well detailed hospital cases. The interest of these latter is pathological rather than therapeutic, as the treatment is *nil*, and the record usually ends with an autopsy. Dr. Harley's shorter work appears to have been written mainly to defend what may be called the English doctrine of the nature of jaundice: and to demonstrate the value of an examination of the urine in the diagnosis of its different forms. It throws very little new light on the therapeutic part of the subject; what little it does supply shall illuminate us as we proceed.

In the following review we shall tread pretty closely in Dr. Harley's footsteps, while we lay his work and that of Frerichs', under contribution for some remarks upon the nature and treatment of jaundice.

Jaundice may be defined, in Dr. Harley's words, as a "peculiar state of body characterised by yellow skin, saffron-coloured urine, and pipeclay stools." Its proximate cause is, of course, the presence of the colouring matter of the bile in the blood, and its absence from the intestines. But its ultimate causes are so various, and the conditions of the liver on which it depends so manifold, ranging, as they do, from simple congestion up to the terrible acute atrophy, that nowhere would

mere symptomatic treatment be so utterly at fault. Whether the treatment of jaundice is to be specific or pathogenetic, homœopathic or allopathic, the study of its rationale is in every case indispensable to sure success.

The "English doctrine" concerning jaundice has hitherto been that it may arise in two ways. First, by *suppression*; the power of the liver to secrete bile from the blood being suspended; and, secondly, from *retention*, the escape of the bile into the intestine being hindered, and the secretion being consequently re-absorbed into the blood. The possibility of jaundice from suppression evidently involves the hypothesis of the pre-formation in the blood of at least the colouring matter of the bile. This hypothesis is strongly assailed by Frerichs and most of the German school, who maintain that bile is formed and not merely eliminated by the liver; and that jaundice nearly always results from re-absorption of the already formed secretion. Of Frerichs' theory to account for the few cases which cannot be thus explained we shall treat further on.

Now we are bound to say that in this matter we are quite unable to range ourselves on Dr. Harley's side. He tells us that the colouring matter of bile, like that of the urine and all animal pigments, is a direct derivative from the colouring matter of the blood. But he also asserts, without adducing any evidence of the fact, that "Cholesterine and biliverdine are not peculiar to the liver or its secretion, but are the products of several organs, and are always to be detected in the blood, independently of the presence or absence of the liver." This is undoubtedly true of cholesterine, but can it be asserted of biliverdine? If this substance is "a direct derivative from the colouring matter of the blood," by what means is it derived? Is it not by the secreting process which goes on in the liver? Does not the hæmatine of the blood become biliverdine in the bile, just as it becomes uro-hæmatine in the urine? And if this be so, can the colouring matter of the bile be said to be pre-formed in the blood, and can the suppression of the hepatic secretion give rise to jaundice? We think that Dr. Harley has dogmatized here instead of reasoning; and must fail in obtaining any general assent to his views.

If, then, the peculiar colouring matter of the bile is formed in the liver and not merely filtered through it, and if jaundice be dependent upon the presence of this colouring matter in the blood, it is evident that suppression of the biliary secretion, whatever other results it may have, cannot give rise to jaundice. Jaundice must always (it would appear) depend upon the re-absorption of the already secreted bile.

Reviewing now the various pathological conditions of which jaundice is a symptom, we shall have little difficulty in understanding how in most of them the re-absorption of bile is, at least, an occasional element. Dr. Harley enumerates them thus: "Jaundice is met with," he states, "in—

*"I.—Diseases affecting the Liver.*

"1. Cancer; 2. Tubercle; 3. Cirrhosis; 4. Inflammation; 5. Atrophy; 6. Amyloid degeneration; 7. Fatty degeneration.

*"II.—Diseases of the Bile Ducts.*

"1. Congenital deficiency; 2. Accidental obstruction, as from gall-stones, hydatids, or foreign bodies (such as cherry-stones and entozoa) entering from the intestines; 3. Ulcer of the duodenum; 4. Tumours of the pancreas.

*"III.—Affections of other Organs of the Body.*

"1. Diseases of the nervous system; 2. Diseases of the lungs; 3. Diseases of the heart; 4. Imperfect establishment of the extra-uterine circulation (infantile jaundice); 5. Dyspepsia; 6. Torpidity of the bowels, and consequent accumulation of fæces in transverse colon; 7. Pregnancy,

*"IV.—A variety of Zymotic Diseases.*

"1. Typhus; 2. Yellow Fever; 3. Ague; 4. Pyæmia; 5. Epidemic Jaundice.

*"V.—Certain forms of Poisoning.*

"1. Snake-bites; 2. Alcohol; 3. Chloroform, &c."

In endeavouring to classify these various conditions according to the essential cause of the jaundice incident to each, we find at once that a large number fall under the head of simple impediment to the passage of the bile into the intestine. The bile-ducts may be obstructed either within or without the liver.



Without the liver the cause may be congenital deficiency ; the accidental presence of gall stones, hydatids, or foreign bodies entering from the intestine ; catarrh of the mucous membrane of the ducts (not mentioned by Harley, but much insisted on by the German pathologists) ; pressure from without, as from tumours of the pancreas, the impregnated uterus, or a loaded colon ; or ulcer of the duodenum. Within the liver the ducts may be obstructed by morbid deposits, as cancer and tubercle, and the lymph of cirrhosis ; and probably also by congestion. Wherever, from any of these or other causes, obstruction of the bile ducts exists, there is no difficulty in accounting for the presence of jaundice ; and whenever such obstruction exists, more or less jaundice must necessarily result.

A second large class must be ranged under the head of disorder of the hepatic circulation. The liver is so largely supplied with blood, and is at the same time so readily influenced by the easily deranged digestive apparatus, that disturbance in its circulation is of common occurrence. Acute congestion or inflammation is a frequent idiopathic affection. The liver, like the spleen, is often highly congested in the aguish paroxysm ; and in quartans the intermissions of jaundice are as perceptible as those of the fever. Passive congestion may be established by valvular disease of the heart, or by any pulmonary affection obstructing the circulation of blood through the lungs. Infantile and dyspeptic jaundice also fall under this category. The question then arises, "What is the rationale of the production of jaundice in such cases ?" Dr. Harley proceeding upon the hypothesis of "jaundice from suppression," reminds us that a congested condition of any gland is unfavourable to secretion, and accounts for this by the pressure of the engorged capillaries upon the secreting structure. But as we have already seen this hypothesis to be inadmissible, we must provisionally refer the jaundice of congestion to an intra-hepatic pressure upon the biliary ducts. We say provisionally, for we cannot help thinking that some more special explanation will be found for this important form of jaundice. It must be noted regarding jaundice from congestion, that it is not a constant effect, and that it is usually of slighter intensity than jaundice from extra-hepatic

obstruction. It is accompanied, however, with more constitutional disturbance than is present in the other form. And here, though not for the jaundice, we call in the fact of diminished secretion resulting from congestion. The liver not only forms biliverdine and the biliary acids (of which more anon), but it also eliminates from the blood certain excrementitious materials, the products of retrograde metamorphosis. Of these the most important is cholesterine, which seems to bear the same relation to the nervous tissue and the bile as urea bears to the muscular tissue and the urine.\* Just, then, as congestion of the kidneys causes retention of urea and the other excrementitious constituents of the urine in the blood, and in its full extent gives rise to uræmic poisoning, so congestion of the liver leaves the blood unpurified of those effete products of which cholesterine is the type, and induces its proper effects, from the simple feeling of "biliousness" up to the profound disorganization of the blood and the nervous centres which is met with in acute atrophy.

Dr. Harley seems here to be led away by his theory into a very strange assertion. He mentions that "in jaundice from suppression we seldom or never meet with those extreme symptoms of cerebral disturbance which are so common in cases of jaundice from obstruction," and believes that "the reason of this difference in the two forms of jaundice arises from the circumstance that the really poisonous parts of the bile are the biliary acids, and that they, like urea, are powerful narcotic poisons." We think that every practitioner of experience will affirm precisely the opposite of Dr. Harley's statement. The gravity of jaundice appears to be in direct proportion to the impairment of the secreting function of the liver. Thus it rises to its height in acute atrophy, where the secreting structure is being rapidly destroyed; and is at its lowest in the early stages (at least) of jaundice from mechanical obstruction. The case illustrating the latter form which Dr. Harley has so carefully detailed bears out this statement. For many months the

\* See an account of Dr. Flint's researches on this substance in the number of this Journal for July, 1863.

jaundice was accompanied by no other symptoms than gradually increasing emaciation and debility. About six weeks before the patient's death, however, "it was observed that the patient's memory was not so good as formerly, and that there was a certain amount of mental as well as bodily languor. His hearing was likewise sluggish, the words having occasionally to be repeated before they made an impression on the cerebral organ." "This, no doubt," remarks Dr. Harley, "arose from the poisonous effects of the bile circulating in his blood." The urine being examined at this juncture, the biliary acids were found to have greatly diminished in quantity during the last few weeks. This, according to Dr. Harley's own principles, evidences an impairment of the secreting function of the liver, by which the biliary acids are generated. In this case, therefore, as long as simple obstruction and re-absorption of the bile (including its acids) existed, no signs of poisoning occurred, but as soon as the long retention began to affect the secreting structure, then the nervous system began to suffer.

Dr. Harley has, however, rendered an unquestionable service to medical science in pointing out the diagnostic value of the presence of the biliary acids in the urine. These acids are, as is well known, the glyco-cholic and the tauro-cholic. They are formed, according to Lehmann, by the "conjugation" of cholic acid with glycine (gelatine-sugar) and taurine respectively; and they are united in the bile with soda as a base. They are generated by the liver, and not merely filtered through it; and their presence in the blood or secretions is therefore an evidence that the secretion of bile is still proceeding. Dr. Harley proposes their presence in the urine as a pathognomonic sign of "jaundice from obstruction;" and their absence therefrom as equally characteristic of jaundice from " (we could substitute "with") suppression." The test is very simple. "To a couple of drachms of the suspected urine add a small fragment of loaf-sugar, and afterwards pour slowly into the test-tube about a drachm of strong sulphuric acid. This should be done so as not to mix the two liquids. If biliary acids be present, there will be observed at the line of the contact of the acid and the

urine—after standing for a few minutes—a deep purple hue.”\* “This result,” says Dr. Harley, “may be taken as a sure indication that the jaundice is due to obstructed bile-ducts. On the other hand, the absence of this phenomenon, and the occurrence of merely a brown instead of a purple tint, is, in the earlier stages of jaundice, equally indicative of suppression.” Of the first of these statements there can be no question. The presence of the biliary acids in the urine is a sure evidence that the liver is doing its work. But it is open to doubt whether their absence implies the converse. It is yet a moot point whether, in the normal condition of the system, the biliary acids are re-absorbed from the intestine, or pass away with the *fæces*. The balance of evidence—as the presence of taurine in the lungs, the undoubted re-absorption of much of the bile in its passage through the intestines, and the absence of any evidence of the bile-acids in the *fæces*—seems in favour of the former hypothesis. If, however, the bile-acids are normally re-absorbed into the blood, they must be somehow consumed there, for they are never detected in healthy urine. Their presence, therefore, in certain cases of jaundiced urine would seem to be dependent upon other conditions than simple integrity of the secreting structures of the liver. In this case, we must not infer too much from their absence.

The normal transformation of the biliary acids in the blood, as assumed by the above physiological hypothesis, has been used by Frerichs to explain a third class of cases of jaundice, which otherwise are very puzzling. This class comprises the instances in which jaundice occurs as a complication of certain acute diseases—as typhus, yellow fever, pyæmia—and as a result of snake bites. Dr. Harley refers these cases to the head of congestion; but unfortunately for his theory the condition of the liver in such cases is by no means uniformly that of hyperæmia. In pyæmia “it is in most cases anæmic and dry;” in typhus, “pale, soft and shrivelled;” in yellow fever, “at first congested and swollen, but afterwards anæmic, yellow,

\* “The immediate formation of a reddish coloured line is due to the acid setting free urohæmatine, the normal colouring matter of the urine.” (Harley).

of normal size, or somewhat smaller" (Frerichs). Ague, which he cites as his example, is a malady of quite a different class from those above-named—the former standing essentially in disordered vaso-motor influence, while the latter are instances of blood-poisoning. What, then, is the cause of this hæmatic or or toxæmic form of jaundice? Frerichs supposes that in such cases the presence of the blood-poison hinders the normal consumption of the biliary acids, and that under certain circumstances they may be transformed into bile-pigment, and so give rise to jaundice. He supports his view by experiments in which, on injecting ox-bile, entirely freed from its colouring matter and mucus, into the veins of dogs, the urine afterwards secreted became deeply coloured with a substance, which was ascertained on chemical analysis to be bile-pigment; and none of the biliary acids themselves could be discovered. We must sympathise with Dr. Harley when he feels that "when Professor Frerichs shall have investigated the subject more fully, he will abandon such an untenable doctrine, founded, as it is, on an erroneous view regarding the nature of bile-pigment. All animal pigments, whether they be green, like bile-colouring matter, or red, like hæmatine, spring from the same source, and contain iron." And the explanation of the appearance of bile-pigment in the urine after the injection of bile-acids into the blood is supplied by Professor Kühne. He shews that the biliary acids possess the property of dissolving the blood-corpuscles, and of thus setting free a quantity of hæmatine, which being acted on in some unexplained way by the acids or their salts, is converted into bile-pigment. He further thinks it probable that a considerable number of blood-corpuscles are, under ordinary circumstances, destroyed in the liver, and that the colouring matter of bile is derived (through the action upon it of the biliary acids) from the hæmatine set free by the solution of these corpuscles.

The theories of Dr. Harley and Professor Frerichs being thus rejected as unsatisfactory, have we anything to substitute in their place? We are inclined to think that the future explanation of toxæmic jaundice will be derived from that relation between bile-pigment and the hæmatine of the blood of which

we have just spoken. If the process which normally goes on in the liver leads to the change of hæmatine into biliverdine; and if a similar change can be wrought within the vessels themselves by the injection of bile-acids into the veins,—is it not probable that the same conversion might be wrought by other poisons within the blood? Given, an agent which shall act upon the blood-corpuscles similarly to the glyco-cholate of soda, dissolving them, setting free their hæmatine, and converting the latter into biliverdine, and we have all the requisites for jaundice, quite independently of the condition of the liver. That the blood-corpuscles are deeply affected by those morbid poisons of which jaundice is an occasional consequence, we have good evidence; and never more so than when jaundice actually occurs. “It is worthy of notice,” writes Frerichs, “that when the infectious diseases just alluded to are complicated with jaundice, a group of severe symptoms, such as hæmorrhages from the gastro-intestinal mucous membrane, ecchymoses of the surface, albuminuria, hæmaturia, suppression of urine, &c., manifest themselves in a similar manner to what we find to be the case in yellow fever, and in malignant forms of other fevers, such as are peculiar to endemics in tropical countries.” Such symptoms plainly point to an extensive disorganization of the blood, and especially of its corpuscles. Since they are also met with in acute atrophy of the liver, the destructive agent may frequently be furnished by the suspension or perversion of the hepatic function; but in the present state of our knowledge it would be unwise to deny that it may be supplied from other sources, independently of the liver itself.

In the search after such agents, we think that much attention should be given to tyrosine and leucine—two substances for many years known to chemists, but only lately brought into the field of diagnosis by Prof. Frerichs. In acute atrophy of the liver, both tyrosine and leucine are found in the urine; and in the post-mortem examinations of cases of typhus, pyæmia, and malignant fever, these substances appear in unusual quantity in the liver, whereas they are either absent or in very sparing quantity in pneumonia, tubercle, organic diseases of the heart, dysentery, diabetes, &c. (Frerichs). Dr. Harley has advanced

an ingenious theory to the effect that they are the products either of the arrested or of the retrograde metamorphosis of glyco-cholic and tauro-cholic acids respectively. If it be so, there seems no reason why they should not act upon the blood-corpuscles in a way similar to that of their normal types—the biliary acids. But this part of the subject is as yet in the realms of speculation.

A fourth and last class of cases of jaundice consists of those forms which result from a strong impression on the nervous system, as from emotional excitement (especially anger), and from snake-bites. We put these two causes together, on account of the great rapidity with which jaundice is generally developed in either: though it might be a question whether the jaundice of snake-bites is not toxæmic in origin. We are quite at a loss to account for jaundice arising in this way. When we read of two young persons quarrelling and drawing their swords, and one becoming suddenly yellow, so that the other, astonished at this change of colour, dropped his weapon,—we are unable to account for the phenomenon upon any known theory of jaundice. We must refer it to that ill-explained action of the nervous system upon the secretions, of which the sudden acquirement of a poisonous character by the mother's milk under strong emotion is a remarkable instance. It is questionable whether we are to class under this head the jaundice which sometimes results from the effects of ether and chloroform. This form is especially interesting as, under the same circumstances, sugar has been observed to pass off by the urine.

We may sum up these somewhat rambling considerations in the following conclusions:—

1. Jaundice is a symptom, and not a substantive disease; and essentially consists in the presence of bile-pigment in the blood. The pigment is consequently, as a general rule, present also in the secretions (especially the urine), and absent from the intestines.

2. Bile-pigment is normally formed in the liver from the hæmatine of the blood, and does not pre-exist (as bile-pigment) in that fluid. Simple suppression of the secreting function of

the liver can therefore never cause jaundice ; which must accordingly be nearly always dependent upon re-absorption of already secreted bile.

3. Such re-absorption unquestionably occurs in two leading forms of jaundice : 1st., that arising from obstruction of the biliary ducts ; and 2nd, that of symptomatic congestion of the liver.

4. In a third form (toxæmic, hæmæmic) which occasionally complicates the results of certain morbid poisons, the hæmatine appears to be converted into bile-pigment within the vessels.

5. The agents effecting this change result most frequently from destruction of the secreting structure of the liver, as in the acute atrophy of that organ. But the conversion may possibly be sometimes brought about quite independently of the liver's co-operation.

6. The dissolution of the blood-corpuscles implied in this process appears to be the essential element of "malignant" cases of jaundice—whether dependent upon suppression of the hepatic function or not. Re-absorbed bile does not in itself act as a poison.

7. Jaundice may also arise (by a process as yet mysterious) from strong impressions, emotional or toxic, upon the nervous centres.

Having now, as it were "taken stock" of our present knowledge as to the diagnosis and pathology of jaundice, let us consider what are our available materials and probable prospects for its treatment.

And first, as true Homœopathists, let us review the specific remedies furnished by our *Materia Medica*. Of these Hempel's Repertory gives us the following list : Acon., Ars., Bell., Bry., Chin., Copaiva, Cuprum met. and acet., Dig., Merc. sol., Rhus tox., Sulph., Sulph. ac., Tab., (and with special symptoms annexed) Plumb. met. and acet., Crotal., Iod., Hep. s., Nitr. Ac., and Nux vom. Truly a goodly armoury, were all the weapons as effective as they appear. Let us examine them in order.

The jaundice symptoms of *Aconite* are entirely derived from one case of poisoning recorded by Otto, which may be read in



Hempel's *Materia Medica*, p. 96. A febrile jaundice gradually set in under the medicinal (!) use of enormous doses of Extract of Aconite. The patient died with symptoms of apoplexy. Having no other evidence as to any action of Aconite in this sphere, we should expect it to do good merely in virtue of its general power of controlling fever and active hyperæmia.

No icteric symptoms were developed in the proving of *Arsenic*, and in all the numerous instances in which it has been used for poisoning, jaundice has only occurred twice. (See *Hahnemann Materia Medica*, Art. Arsenic, p. 15). As Arsenic has no influence upon the liver, and a very powerful one upon the blood, it is in cases of hæmatic or toxæmic jaundice, where the liver is not much affected, that we should expect to find it useful.

*Belladonna* is credited with jaundice on the score of three symptoms in its pathogenesis, viz., yellow colour of the white of the eye, stools white as lime, and gold-coloured urine. But as these three symptoms are derived from as many different sources, it is very questionable whether we are to regard them as evidencing the power of *Belladonna* to cause jaundice. Still less should we expect this drug to exert any beneficial influence in its cure.

In the proving of *Bryonia*, we find as a symptom observed by Fr. Hahnemann, "yellowness of the skin of the whole body, and particularly of the face." No fæcal or urinary symptoms are recorded which support this observation; yet the general action of the drug is in favour of its value and significance. *Bryonia* seems to set up inflammation of all the serous membranes, with active congestion of their contained viscera. Its action upon the arachnoid and the brain, the pleura and the lungs, the pericardium and the heart is fairly expressed by this generalisation. Applying the same principles within the abdomen, we can have a congestion of the liver which shall account for the yellow skin and other hepatic symptoms of the drug.

*China* appears to be an unquestionable producer of jaundice, both in Hahnemann's proving, and from the testimony of other observers. It seems to cause a congested state of the liver and spleen similar to that which obtains in ague, and which in both is probably of a passive venous character, and dependent upon

disturbance of the circulation through the medium of the vaso-motor nerves.

*Copaiva* is said in Jahr's Manual to have once caused "violent jaundice throughout the whole course" of the poisoning. This very doubtful symptom needs corroboration.

Jaundice is not unfrequent as a result of poisoning by *Cuprum* and its salts. We can discover no evidence of any special action upon the liver; nor is copper a powerful hæmatic poison. Of the known causes of jaundice the only one existing in these cases is ulcer of the duodenum: there may also have been catarrh of the bile-ducts extending from the small intestine.

*Digitalis* gives us only one of the elements of jaundice, viz., "ash-coloured diarrhoea, as in persons with jaundice." Dr. Black says, "Dr. Kopp reports three cases in which, in conjunction with *Nux vomica* and Mercury, it proved very useful." The "conjunction with Mercury" does not leave the lion's share of the credit with *Digitalis* here. "Dr. Knorre states that during the cholera epidemic of 1831, he very frequently met with cases of icterus (which he calls *spasmodic*) in elderly children; he found them all readily cured by repeated doses of *Digitalis*. Dr. Chapman suggested to me its employment in disorders of the digestive tubes of children, attended with pale, chalky stools, an affection in which he found it very useful. I gave it in three cases: one, an adult, much subject to this state of the evacuations; in all, cures followed." (*Brit. Journ. of Hom.*, vol. iv., p. 279). We have ourselves noticed, in administering *Digitalis* in a severe case of cardiac dropsy, that at every increase of the dose there was induced a paler colour of the stools.\*

*Mercury* has so strong an affinity and so intense an action upon the liver, that we cannot be surprised at finding how frequently it produces jaundice. It is our leading remedy for the congestive forms of this disease; and in children at least it is rare that any other medicine is required.

The only symptom of *Rhus* which warrants its insertion in this list is "a double tertian fever with jaundice." We should

\* In the fifth volume of this Journal, there is recorded a case of jaundice cured by full doses of *Digitalis*. It appears to have been of that form which is dependent upon catarrh of the bile-ducts.

like a little more information as to the circumstances under which this disorder occurred, ere we credit *Rhus* with its production.

Jaundice has been observed as a curative symptom only of *Sulphur*, and the evidence of its having been caused by *Sulphuric acid* and *Tabacum* is very problematical.

*Plumbum* and its salts have jaundice as a symptom in Jahr's Manual; but in the absence of any toxicological evidence we are inclined to think that some form of the dingy complexion induced by the poison has been mistaken for the true tint of icterus.

The action of *Crotalus* in producing jaundice falls under the category of jaundice from snake-bites.

The known irritant action of *Iodine* upon the liver\* gives us no reason to doubt the authenticity of the following symptom in its pathogenesis, "dingy-yellow colour of the skin, lasting for weeks."

The icteric symptoms of *Hepar Sulphuris*, also, are too strong to admit of question. We have "jaundice, with blood-red urine," and "yellow skin and complexion." The only clue as to the cause of these symptoms is afforded by the fact that the sulphurets of the alkalies cause inflammation of the stomach and duodenum.

The action of *Nitric acid* upon the liver is so analogous to that of Mercury that we may fairly admit this symptom, "jaundiced colour of the skin, with costiveness."

Under *Nux vomica* we have "jaundice with aversion to food, and short fainting-fits; afterwards weak and sick feeling." This is one of Hahnemann's own symptoms; but the very casual way in which the jaundice is mentioned, together with the absence of corresponding symptoms in the stools and the urine, forbid attaching any importance to it.

As a residuum after our sifting, we thus have the following drugs as undoubted producers of jaundice: *Ars.*, *Bry.*, *Chin.*, *Cupr.*, *Dig.*, *Mer. iod.*, *Hep. sulph.*, *Nitr. ac.*, and the snake-poisons. To these we must add another not included in the Repertories, but which gives rise to jaundice far more frequently than any other poison; we mean *Phosphorus*. The

\* *Brit. Jour. of Hom.*, Vol. xxi, p. 533.

nature of the jaundice induced by this drug was investigated by Drs. Madden and Hughes in the January number of last year's Journal, p. 93. They sum up as follows:—"1. 'The jaundice is of the character denominated 'malignant jaundice' (*icterus gravis*), being associated with grave derangements of the functions of the nervous system, and of the composition of the blood. 2. The cause of the jaundice is not any obstruction of the biliary ducts, but an acute affection of the liver itself, suppressing its normal functions (*acholia*). 3. This affection is of an inflammatory character as indicated by pain and tenderness in the organ. 4. The peculiar characteristic of the *Phosphorus hepatitis* appears to be the rapid infiltration of the organ with fat, and the co-incident destruction of the secreting structure. 5. The neurotic and hæmatic symptoms in these cases probably depend—as in acute atrophy—upon the destruction of the secreting structure of the liver, and the consequent suspension of its functions. The blood appears first to become affected, and the nervous symptoms result from the poisoning of the blood." It is evident that we have in *Phosphorus* the remedy of all others most homœopathic to those grave forms of jaundice which we have described as hæmatic or toxæmic.

How, in conclusion, are we to adapt these and other remedial means to the treatment of the various forms of jaundice whose existence we have recognised.

And 1st, of the obstructive form. It is obvious that dynamic remedies cannot help us much here, where the cause is mechanical. An exception may be made in cases dependent upon catarrh of the bile-ducts, or ulcer of the duodenum. *Digit.* or *Hepar sulph.* may remove the catarrh; *Ars.*, *Cuprum*, or *Kali bichrom.* may heal the ulcer; in each case curing the jaundice by the removal of its cause. But the majority of the causes of obstruction are more purely mechanical than these. The impaction of a gall-stone in a biliary duct is the most frequent. Gall-stones are, as is well known, formed in the gall bladder by the deposition of the solid constituents of the bile—chiefly of cholesterine. They may give rise to two sets of symptoms whenever they leave their native home. First, in their passage along the ducts, they cause an excruciating pain

referred mainly to the epigastrium, and accompanied usually with severe retching and vomiting. If they reach the intestine safely, this is all; but if—as not uncommonly happens—they become impacted in the common bile-duct, jaundice from obstruction must necessarily result. What can we do against these troublesome intruders? We can do much toward hindering their production. They obviously depend upon a too inspissated state of the bile, and its over-long retention in the diverticulum of the gall bladder. Physiology teaches us to avoid these causes by advising the free use of diluents, the abstinence from hydro-carbonaceous food, the habit of regular exercise in the open air, and the shortening of the intervals between meals. Sulphur and Calcareo, moreover, have some repute in the preventive treatment of gall stones. But suppose them already formed, and that one is making its painful progress into the intestine. Here we may give some relief by hot fomentations and hip baths; and drinking plentifully of warm water seems to render the vomiting easier and perhaps relaxes the bile-ducts. We could hardly expect sufficiently rapid benefit here from specific remedies; and should be fully justified in making palliative use of some anodyne, of which Chloroform, internally and by inhalation, would seem the most eligible. Dr. Drury, however, has lately called our attention to a curious, but very effectual remedy in these cases, viz., Calcareo carbonica, in the 30th dilution.\* We have tried it on his recommendation in two well marked cases. In both the relief was decided and speedy; so much so as in one to supersede the necessity of Chloroform which we had been compelled to administer in a former attack. If the gall stone be impacted, homœopathy is plainly at a loss. The old school would purge freely, in the hope of detaching the stone; but a simpler process, however empirical, is that recommended by Dr. Grover Coe, of America. It consists in administering a grain or two of Podophyllin at night, followed up by from three to eight ounces of Olive oil the first thing in the morning. A case is put on record by Dr. E. M. Hale, in the last number of the *North American Journal of Homœopathy*, in which brilliant

\* See *Annals of the British Homœopathic Society*, Vol. II. p. 35.

success resulted from this plan of treatment. The impaction had lasted six weeks, and the vital powers were fast failing.

A similar treatment might help us were the duct obstructed by any other foreign body. If hydatids be present, there is something to be done by giving salt largely with the food. In pressure from without, if from the impregnated uterus, we must wait for delivery; if from a loaded colon, we must empty it in the most appropriate way, and by specific remedies prevent the recurrence of the mischief. But suppose the obstruction be irremovable, as especially obtains in cases of cancer of the head of the pancreas. What are the patient's prospects, and what means have we for prolonging life? Dr. Harley shows us that in such cases death almost certainly results within eighteen months after the first appearance of the jaundice. It results from inanition brought about by the absence of the bile from its proper place in the digestive process. Two modes accordingly present themselves in which such a doomed life may be prolonged: first, by increasing the quantity of the ingesta (especially the nitrogenous elements); and, secondly, by supplying artificial bile through the mouth. Upon this latter piece of practice, Dr. Harley has some valuable remarks.

"Our object," he says, "may be advanced by artificially supplying the place of the absent bile in the digestive process. *Not, however, in the way usually adopted, of giving inspissated bile along with the food*; a method of treatment which originated ere modern physiology rent the veil of therapeutical empiricism. In the first place, the bile prepared according to the method indicated in the pharmacopœias has its most essential properties destroyed during the process of preparation. And, in the second place, we have hitherto been instructed to administer it at the very time which modern research has discovered to be the most unsuitable that could possibly be devised. In administering bile immediately after food, as is usually done, we most effectually produce the contrary result to what is intended. When bile mingles with gastric juice it destroys the digestive power of the latter, so that by giving the bile immediately or soon after a meal, we really diminish instead of increase the digestive functions. My experiments, both chemical and physiological, have led me to propose

not only a new method of preparing bile for medicinal purposes, but also to suggest an entirely new method of administering it.

“ Firstly, as regards the method of preparation. Nothing can be more simple, and at the same time more effectual. Fresh bile, taken directly from the gall bladder of the newly killed pig, is filtered through very porous filter-paper to free it from mucus; it is then as rapidly as possible evaporated to dryness at a temperature not exceeding 160° Fahrenheit. The bile as soon as dried, is ready for use. If the bile has been well prepared, that is to say, thoroughly freed from its ferment mucus and well dried, it will keep in stoppered bottles for many months without losing any of its active properties.

“ Having stated that bile as at present employed more frequently does more harm than good, by retarding instead of hastening the digestive process, I have now to point out the manner in which it may be given.

“ If bile be administered as I propose, at the *end* of stomachic digestion, it will, as in the healthy organism, act on the chyme at the proper moment, and thereby render it fit for absorption. In order still further to ensure the action of the bile being delayed until the food is in a condition favourable to its action, that is to say, until it is ready to escape into the duodenum, I have had the bile, as above prepared, put into capsules,\* which are not readily acted upon by the gastric juice. While in the stomach, however, the capsules swell up from the size of a pea to that of a small gooseberry, and at the same time become so soft that they will readily burst in passing the pylorus into the duodenum, and thereby allow the bile to escape and come in contact with the food at the precise moment its action becomes requisite in the digestive process. Each capsule contains five grains of the prepared bile, and five grains are equal to one hundred grains of liquid bile fresh from the gall bladder. Two capsules, therefore, represent two hundred grains of pure bile, a quantity which in most cases would be sufficient for the wants of the system.”

In spite, however, of these means of prolonging life, death must at last result, if not from inanition, from atrophy of the

\* “ The capsules were made made by Savory and Moore, and I have every reason to be satisfied with the manner in which they accomplished the object in view.”

secreting structure of the liver through the pressure of the accumulated bile, and consequent acholia.

In the second class of cases of jaundice, where a congested liver is the cause, our dynamic remedies play a larger part. In congestion resulting from exposure to cold, we should recommend China ; in the acute hyperæmia induced by high living, and in that prevalent in hot countries, Aconite, Bryonia, and Mercurius ; and where mechanical congestion exists as a consequence of cardiac or pulmonary disease, remedies appropriate to its cause. The organic affections induced by continued hyperæmia are less amenable to treatment, yet not altogether beyond its reach. Cirrhosis requires the more potent preparations of Iodine and Mercury ; the Iodide of Potassium, the Iodide, Biniodide, and Bichloride of Mercury. Ointments of Iodine or Mercury, or both, may also be rubbed in over the hepatic region. In the waxy or lardaceous degeneration, Dr. G. Budd has shown us the immense benefit derivable from the long continued administration of Nitric Acid. Against fatty degeneration we ought to be able to do something with Phosphorus. Cancer and tubercle only remain, and what little is possible to be done against these deadly foes, may be effected by Arsenic and Hydrastis, Iodine and Cod Liver Oil respectively.

Where jaundice occurs as a complication of certain toxæmic disorders—as yellow fevers, &c.—we have as our remedies, Arsenic, Phosphorus, and the snake-poisons. We should rely upon Phosphorus in cases where hypochondriac pain and tenderness indicated the existence of diffuse inflammation of the liver, upon the snake-poisons—especially *Crotalus*—where the jaundice sets in with great rapidity, as in yellow fever, and upon Arsenic where the blood appears deeply disorganised as in petechial typhus.

We have only now left that form of jaundice which results from nervous excitement. We must give a cautious prognosis here ; for although in the majority of cases a jaundice arising from this cause soon disappears of itself, every now and then (especially in pregnant females) it becomes complicated with acute atrophy of the liver. *Chamomilla* has some reputation



in the cure of this form of jaundice ; should we need another remedy, we may find it in one of the snake-poisons. Should acute atrophy result, our only help is in the free use of Phosphorus.

Dr. Harley has called attention to the value of Benzoic acid in cases of jaundice where the bile acids are absent from the urine ; and considers it most useful in the neurotic and simple congestive forms. He thinks that it hastens the re-absorption from the tissues, and elimination from the body, of the bile-pigment. He gives three grains three times a day.

## MISCELLANEOUS.

### *Observations on some of the Effects of the application of the Calabar "Ordeal Bean" to the Eye.*

By JOHN W. OGLE, M.D.,

Assistant-Physician and Lecturer on Pathology at St. George's Hospital.

As the observations, first of all made by Dr. Fraser, and extended by Dr. Robertson, on the effects of the Calabar "ordeal" bean upon the eye will no doubt attract (and most deservedly so) very considerable attention, I have thought it might prove of interest to place on record the results of some of the experiments which I have been induced to make with the same agent. In the present communication, I will notice only the results which I found to be produced by its application upon the *pupil* of the eye, not wishing to interpolate any mention of such effects upon the power of vision, and "the accommodation of the eye," as were manifested at the same time.

I was, in the first place, naturally wishful to determine for myself the fact that the healthy and active pupil of the eye could be made, at will, to contract by the application of this agent ; and the following experiments were therefore instituted at the onset.\*

\* I have had four preparations of the Calabar bean made for me by Messrs. Bullock and Reynolds. First, a watery solution of a spirituous extract, of which one minim was equivalent to two grains of the bean (No. 1) ; secondly, a similar but stronger solution, in which one minim was equivalent to four grains of the bean (No. 2) ; thirdly, a strong spirituous extract, of which fifteen grains were equivalent to four hundred grains of the bean (No. 3).

**EXPERIMENT I.** A young woman, aged 24; the sight of whose right eye was so far impaired that she could only distinguish light from darkness. The left pupil was of the ordinary size, and moderately active; the right one was very sluggish under the action of light, and much larger than its fellow.

I applied a single drop of my weakest solution (No. 1) of the Calabar bean between the eyelids of the right eye at 1.25 p.m. I found at 1.55 that the pupil, which before had been considerably larger than that of the other eye, had become so contracted that it was only of about half the size of the other one. How long it remained so contracted, I am unable to say.

**EXPERIMENT II.** A woman, aged 51, with both pupils equal, acting but sluggishly under light, and both of them smaller than natural and healthy pupils generally are. I applied one drop of my No. 1 Calabar bean solution between the lids of the right eye at 1.40 p.m.; and at 1.55, the pupil was only half as large as that of the other eye.

**EXPERIMENT III.** A man, aged 53, paraplegic; with the pupils of both eyes equal, of moderate size, acting well under light. I applied one drop of my No. 1 solution between the lids of the right eye at 1.32 p.m. No visible change in the left pupil was perceptible at 1.40. It had become slightly contracted at 1.55; and it was contracted to half the size of its fellow at 1.58. It was less than half as large as its fellow at 2 p.m.; and at 2.5 this pupil was only about equal to a pin's head in size, the pupil of the other eye having become larger than it previously had been.

Wishing to ascertain how long the contraction of the pupil produced by the Calabar bean would remain, when no means were used for again dilating it, I made the following observation:—

**EXPERIMENT IV.** A boy, aged 5 years and 9 months, strumous, with both pupils equal, both very large and mobile under the action of light. I applied a single drop of the weakest solution (No. 1) of the bean between the lids of the right eye at 1.42 p.m. No

In the use of the former two, I dropped the solution, by means of a camel's-hair brush, between the eyelids; the latter (the extract) I used by first moistening it with water, and then smearing it over the inner surface of the lower lid. The fourth preparation of the bean which I have had made is saturated with a solution, analogous to the atropine paper of Mr. Streatfield. This Calabar bean paper I have not yet tried, or made use of.

visible change in the pupil had occurred at 1.50. At 1.62, the pupil had contracted to the size of a pin's head. I saw the boy again at 10.30 p.m., and found that the pupil was very contracted, but not to so great a degree as at the hour previously mentioned. On the following morning, at 10.30 a.m., I again examined the boy's eyes, and found that the pupil was still contracted, but only to a slight degree, and was almost as large as the pupil of the other eye.

Having thus added a proof, and as I think a satisfactory one, that we have a ready means in the Calabar bean of expeditiously, and with tolerable, but not very great, permanence, contracting the pupil, I made the following experiments, with a view of proving its power of effecting contraction of the pupil which had been previously decidedly dilated by atropine. This I was particularly desirous of doing, inasmuch as I have constantly felt the want of the means of contracting the pupil, after I have had it widened by atropine or belladonna for the purpose of ascertaining by the ophthalmoscope the state of the deep vessels of the eye in cases of albuminuria, supposed disease of the intracranial parts, &c.

**EXPERIMENT V.** The same patient as in the case of Experiment No. ii., with naturally small pupils. Between the eyeball and the lower lid, I introduced a portion of Mr. Streatfield's "atropine paper," equal to half a drop of the two-grains-to-the-ounce solution (*i.e.*, half of one of the squares) at 12.53 p.m. At 1.12, the pupil was fully dilated. At 1.31, I applied a little of the strong extract of the bean (which I have before spoken of as No. 3). At 1.40, no contraction of the pupil had been produced, and I then applied some more of the strong extract. At 2.0, there was still no change in the pupil; but at 3.20, the pupil had become reduced to the same size as its fellow. Whether, and to what extent, it became still further contracted, I had no opportunity of judging.

**EXPERIMENT VI.** A man, aged 36, with both pupils equal, of natural size, acting well to light. I applied between the lids of the right eye one drop of the atropine solution (two grains to an ounce) at 12.7 p.m. At 12.30, the pupil was fully dilated, and I then smeared a little of the moistened extract of the bean on the lower lid. At 1.15, I found that the pupil was beginning to contract. At 1.30, as I found that contraction was not progressing at all quickly, I again applied some of the extract. At 2.0, the pupil was reduced in size to that of the opposite eye. I had no opportunity of ascertaining whether it contracted still further.

**EXPERIMENT VII.** A man, aged 36, whose pupils were of moderate size and equal, and acting well to light. I applied half a drop of the same atropine solution as in the former case, at 12.7, between the lids of the right eye. At 12.30, the pupil was fully dilated, and I then smeared on a little of the moistened extract of the bean. At 1.15, the pupil was beginning to contract; and at 2.0, the pupil was of the same size as its fellow. How long it so remained I know not.

**EXPERIMENT VIII.** A man aged 40, with pupils equal, of moderate size, and acting well to light. I applied half a drop of the above used atropine solution at 12.10 p.m. At 12.30, the pupil was fully dilated. I then smeared on the lid some of the extract of the bean; and at 2.0 the pupil was so far contracted as to be almost, but not quite, as small as its fellow.

**EXPERIMENT IX.** A strumous boy, aged 19, with pupils equal, of moderate size, and acting well under light. I applied one drop of a solution of atropine of the strength of two-thirds of a grain to an ounce of water between the lids of the left eye, at 12.16 p.m. At 12.47, the pupil was considerably, but not fully, dilated, and at 12.58 it was fully dilated; I then smeared on some of the extract of the bean. At 1.25, the pupil had not become at all altered, and I then applied more of the extract. At 1.45, both pupils were equal.

**EXPERIMENT X.** A young man with pupils equal, moderately large, and acting well under light. I applied one drop of the atropine solution (two-thirds of a grain to an ounce) at 12.30 p.m. At 12.47, the pupil was beginning to dilate, and at 1.25 it had become much dilated. I then applied some of the extract of the bean over the inner surface of the lower lid, and at 2.38 both pupils were quite equal again.

I was now anxious to know if it would be easy, by means of the Calabar bean, to control the pupil which had been for some time left in a state of dilatation produced by atropine, and for this purpose made the following observations;—

**EXPERIMENT XI.** A middle-aged man, with pupils equal, moderate as to size, and acting well under light. I applied one drop of the atropine solution (two grains to an ounce) between the lids of the eye at 1 p.m. At 1.30, the pupil was fully dilated. At the end of a week, I found that the pupil was still very greatly dilated; and at 1.5 p.m. I applied some of the extract of the bean. At 1.20 the

pupil was contracted to the size of a pin's head. I then applied one drop of the atropine solution (two grains to the ounce) between the lids, and at 2.31 both pupils were again equal.

**EXPERIMENT XII.** A middle-aged woman, with pupils active, equal, of ordinary size. The pupil of one eye was widely dilated with one drop of the atropine solution (two grains to an ounce): and, after the lapse of a week, the pupil was found to be still freely dilated, though not so widely as in the week previously. At 1.15 p.m., some of the extract was applied between the eyelids. At 1.20, the pupil was contracted to the size of a pin's head.

**EXPERIMENT XIII.** A middle-aged woman, with pupils of equal size, larger than usual, and active. I fully dilated the pupil of the left eye with one drop of the stronger solution of atropine (two grains to an ounce). At the end of a week, the pupil of this eye was still about one-third more dilated than its fellow. At 1 p.m., I applied some of the extract of Calabar bean on the inner surface of the lower lid. After the lapse of only *twenty minutes*, the pupil of this eye had become reduced in size to that of a pin's head. Possibly this effect was produced much earlier, but I was unable to ascertain how much sooner it had followed the application of the extract, as the patient had left me and did not return earlier.

The following experiments show how readily the pupil, after being contracted by the Calabar bean, becomes again dilated on the application of the atropine solution :—

**EXPERIMENT XIV.** A young woman, the same as mentioned in Observation No. 1, had the stronger aqueous solution of the bean, before described as No. 2, applied between the lids of the right eye at 1.53 p.m. I did not see her until 2.20, when I found the pupil of this eye reduced to the size of a pin's head. At 2.30, I applied one drop of the atropine solution (two grains to an ounce). At 2.43, no alteration of the pupil had followed; but at 2.50, the pupil had become much dilated; and at 3.5, still more dilated. At the end of a week, the pupils were found to be equal in size.

**EXPERIMENT XV.** A woman, of middle age, with pupils equal, moderate in size, but rather inactive on application of light, having the arcus senilis in both eyes. Between the lids of the left eye, a drop of the weaker solution of the bean (No. 1), which was now some days old, was applied at 12.56 p.m. At 1.12, no change had occurred; and a drop of the stronger solution (No. 2), which was more recently made, was applied. At 1.16, the pupil was slightly

contracted ; and at 1.36, very much so. At 1.40, I applied one drop of the stronger portion of atropine, two grains to an ounce ; and at 2.10, the pupil was becoming decidedly larger in size. At 2.15, it had attained the same size as its fellow.

In one or two other experiments, which I need not detail, I found that contraction of the pupil which had been dilated by atropine did not at all, or only very partially, follow the application of the Calabar bean solution. In some cases this might be explained by the fact of the iris having been at a previous occasion the subject of disease, and the muscular fibres having thus become altered in character ; but I am inclined to think that it was owing to greater disproportion having existed between the strength or quantity of the solutions of atropine and Calabar bean which were used. It appeared to me that some of the Calabar solution, which was a simple watery one, was decidedly weaker in action after having been made some time.

It may then be gathered from the above experiments, that we have in the Calabar bean a ready and effective agent for producing contraction of the natural pupil ; and also of neutralising the effects on the pupil produced by the application of atropine or belladonna to the eye (which generally remain for a great length of time, and frequently prove a subject of much complaint, by the resulting interference with vision and disfigurement—or, as some would say, the improvement—of countenance). A little trouble and attention will be required in adjusting the strength of the Calabar bean solution on the one hand, and the atropine solution on the other ; but when the proportionate strength of the two antagonising solutions has been determined as nearly as possible, making allowance for individual differences as regards the relative strength of the sphincters and dilators of the iris, dilatation for ophthalmoscopic and other purposes may be at any time resorted to with the certainty of a speedy return of the pupil to its natural state.—*British Medical Journal*, June 13, 1863.

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### *Homœopathy in Australia.*

WE extract from the *Sydney Morning Herald* of Sept. 30, 1863, the following amusing account of a discussion in the Legislative Assembly, on homœopathy:—

MR. ALLEN moved—"That in view of certain petitions presented

to this House, praying that in institutions to which public money is granted for the cure of disease, wards may be set apart for the treatment homœopathically of such patients as may desire to be so treated,—1. That in the opinion of this House, where convenient, wards should be so set apart. 2. That an address be presented to his Excellency the Governor embodying the above resolutions.” Three petitions had been presented in reference to this subject, having attached to them the names of many persons of standing and education who were quite competent to judge, and who subscribed largely to the support of institutions of a charitable nature set apart for the treatment of disease. He hardly thought it necessary, but still, perhaps, it might be as well for him to apologise for bringing such a motion before the House, because it could not be considered that he was familiar with medical phraseology or the operation of medicines upon the human system. The apology he offered was this, that the allopathic practitioners had invariably set their faces against the homœopathists, and availed themselves of every opportunity to cry down the system they practised. Homœopathists were not recognised generally as belonging to the medical profession in England, or in any of the colonies with the exception of Canada, notwithstanding that they were men of high class education, who had studied the allopathic system, and who had embraced homœopathy as a superior mode of treating diseases. The hon. member then spoke of the discovery of Hippocrates, who affirmed that *similia similibus curantur* was a general law of nature, and to the subsequent experiments and final conclusion of Hahnemann who administered infinitesimal quantities in contradistinction to the large doses formerly given. Homœopathy was a science of medicine, and was founded on principles of recognised and universal application, whereas allopathy was not a science at all, and dealt only in guess work. It was on their own persons that the homœopathic fathers had built their science, which from a very small beginning, had attained such a position that homœopathists had now in their *materia medica* upwards of 700 drugs. Drugs were all poisons, and were only administered as antidotes in cases where the system had become poisoned. [The hon. member here quoted from “Sharp’s Essays on Homœopathy,” the record of a case which had been successfully treated on homœopathic principles]. Different diseases attacked different parts of the body, and these different parts were affected by different poisons, and in respect to these known laws the homœopathic practitioner could apply his

medicines with success. It was urged by the opponents of homœopathy that the small dose or globule could effect nothing, but the smallness of the dose formed no part of the "principle" of homœopathy, although no doubt it was part of the practice. They had many examples recorded in history, in which men who set up a theory different to that formerly received as true had received just as much persecution for what they said as the homœopathists did from the allopathists. When Dr. Harvey discovered the circulation of the blood, he was opposed by the medical profession as much as any man could be. Was it, therefore, more astonishing to find that these small doses should as readily affect the system as the poison of scarlet fever or any other fever could affect it under the circumstances? He asked who was so virulently opposed as Dr. Jenner, when he discovered the inoculation with the cowpock? Was it anything greater than the opposition of the allopathists to the homœopathists; but was it a falsehood for all that? He did not see any reason why the homœopathist should be disbelieved, merely because imponderable doses were given of these poisons any more than that these great discoverers should be doubted because their opinions were not in accordance with the common sense of the time. The homœopaths had got facts to lay before the world that could not be disputed, and were published for all who desired to learn them. They had specifics for the most terrible diseases with which the human frame was visited. Scarlet fever had yielded to Belladonna administered in homœopathic doses, and it was a specific for scarlet fever, and this was discovered by the homœopathists, although it was now used by allopathists. The hon. member then quoted from statistics to show that in countries where Asiatic cholera had broken out the deaths from homœopathic treatment were only 33 per cent. while under allopathic treatment they reached 66 per cent. So that two-thirds had recovered under the homœopathic treatment, while two-thirds had died under the allopathists. He also read several statistics to show the success which had attended homœopathy in the hospitals where it was adopted. He thought he had now read enough to show that homœopathy was not a quackery, but that it was a science established on an understood and a practical foundation; that it had extended widely throughout Europe and America; that even here we had several highly educated persons who practised it successfully; and that many persons who subscribed largely to the charitable institu-



tions of the city had petitioned the House to allow these institutions to have the benefit of the practice of this science."

MR. COWPER said that this resolution might very well be put in another form. It might very well be in these words:—"That, in the view of certain petitions presented to this House, it now declared itself a self-constituted association of quacks." That House granted money to certain charitable institutions on certain terms, but it did not interfere with the internal management of those institutions. That House did not say that such and such medicines should be taken, or that wards should be set apart for particular diseases, neither ought they to interfere in the way now proposed. If hon. members were entitled to interfere in this way, then they would also be entitled to say what modes of treatment should be pursued in other cases. If homœopathy was the truth the hon. member represented it to be, then the best thing would be to leave it to work its own way as everything else did. The resolution was objectionable in every way, and he should vote against it.

MR. WILSON thought the subject one of too much importance to be treated in this light way. Where this House subscribed half the money that supported these institutions they had a distinct right of interference when they thought proper so to do. Nor were they asking to prescribe medicines of any particular kind, but all they said was that salts or any other medicine should not be poured down a man's throat when he believed that some other mode of treatment would better benefit him, and that where a patient desired to be treated homœopathically that he should be so. He could not go so far as the hon. member for Williams had done in favour of homœopathy, although he believed it to be better than allopathy. His belief was that the less medicine a man took the better it was for him, and therefore in that view he preferred homœopathy to allopathy, because the former gave smaller doses than the latter. Then again, one of the most important conditions in all cases of disease was that the patient should have full faith in the curative effect of the medicine given to him, but how could this condition be attained if a believer in homœopathy on being admitted into the hospital was compelled to undergo an allopathic treatment in which he had no faith. It was upon this principle, upon the principle that a patient should be treated upon the system in which he had faith, that the House was now asked to interfere. In Europe, homœopathy was increasing daily,

for people generally were opening their eyes to the folly of dosing themselves with drugs, whilst he might mention as a curious fact that every medical man he had known, had, after leaving business, strongly denounced the practice of taking medicine. The hon. member for Williams had mentioned many celebrated men who had been denounced by their fellows for the improvement they had suggested, but this had always been and would always be the case, for it was the fate of all reformers to be treated as innovators, and to be denounced as impostors. The reform, however, had now been established, and he hoped to see the resolution carried, and not only that, but he hoped also to see the time when they would have hydropathic practitioners in the colony in sufficient number to enable them to ask to have a ward set aside for themselves, so as to prove which of the three systems was the best, and to show to the world that the less medicine a man took the better for him. As the resolution as it stood would not carry out the object of the mover, since if the words "where convenient," were retained, it would never become convenient in any of these institutions to admit the homœopaths, he would move a second amendment, that the words "where convenient" be omitted.

MR. STEWART, whilst desirous of seeing homœopathy encouraged as far as possible by the introduction of that mode of relieving disease in our public hospitals, anticipated some difficulty if the House should decide upon directing that there should be set aside a portion of the Infirmary for homœopathic patients. He felt afraid that it might have a tendency to excite the hostility of many of those medical men who for years had given their gratuitous services to this and similar institutions. He could go with any proposal for the establishment of a distinct institution, in which the patients should receive homœopathic medical treatment, but he could not justify a vote in favour of a resolution that would have a tendency to deprive our existing institutions of the services of medical men who had zealously attended them for many years. Homœopathy would be likely to succeed better if practised in an institution by itself.

MR. HOLT did not anticipate the difficulty the last speaker alluded to; he believed the medical practitioners of the two systems would not interfere with each other. If separate wards were set apart, patients could decide which form of treatment they would prefer. He thought the proposition a most reasonable one. He believed the infinitesimal doses of homœopaths were far more efficacious in the

cure of disease than the wholesale doses of allopathists. He had conversed with a professional gentleman, once an allopathist practitioner in partnership, but who became a convert to homœopathy and attained a position of eminence. It appeared that this gentleman one day called upon a friend who was an homœopathic physician, and after joking with him upon this system, said he was going to see an old lady who was afflicted with a certain malady, and asked what homœopathic medicine should be administered. He took some globules from his friend, and having given them in water to the patient, she showed symptoms of rapid recovery. His partner, becoming aware of this, inquired what medicines had been administered, and the young practitioner at once stated that he had been trying homœopathic medicines. A rupture immediately took place, and the young man from that day devoted himself to the study of homœopathy, in the practice of which he had risen to great eminence. The murders committed by allopaths were astounding. He (Mr. Holt) had had members of his family murdered by them; he knew it, but he was helpless. What he blamed them for was that they would not, as in duty bound, study this system, which carried no poison into the body. If allopathists were honest men, desirous of knowing the whole truth—seeing that this system had made such a great impression upon the public mind—they would, as professing the healing art, study everything connected with it, so as to discover what were, and what were not fallacies. He hoped, too, the time was not far distant when hydropathy would be fully investigated. Priessnitz, the originator, was a friend of his. This man, who was an uneducated peasant, drew together thousands of patients, including imperial princes, generals, and persons from all parts of Europe and America. He made no charges, but accumulated a large fortune from the presents he received. His own personal experience had been strongly in favour of the hydropathic system, for he had known instances where it had effected astonishing cures. He hoped that medical men would turn their attention to the subject and judge dispassionately for themselves. He had met a gentleman near Edinburgh who was a frightful sufferer from sores on his legs and on other parts of his body—so much so that it was quite offensive to be near him, and he had afterwards seen that very party at Vienna entirely restored to health and strength by hydropathic treatment. He was so changed—so astonishingly changed, that he (Mr. Holt) could with difficulty believe that he was the same person. Homœopathy and

allopathy might do much, but neither could have put new healthy flesh on a patient like that which he saw on this man. [The hon. member then went on to speak in high terms of the good effected in Sydney by the Turkish bath, and proceeded.] The assumption that infinitesimal doses could not effect the human system was easily disproved. It did not follow because a dose of poison might be so small as to be barely appreciable by chemical tests, that it was not for all that deadly in its consequences. This was proved by the fact that in the most deadly venom of the most poisonous serpents, chemical science had, with all its tests, been unable to detect anything stronger than gum-water. (Hear, hear.) The human frame was thus clearly liable to be acted upon by remedies which might, in regard to quantity, be very small indeed. The effect of a fair trial of homœopathy had done much good on the allopathists, who did not attempt to force such large doses of noxious drugs upon their patients as they used to do. (Hear, hear.) If this motion were carried, it would have the effect of still further shaming the allopathists from administering wholesale doses of poison. The motion before the House was merely a motion that those patients at the Infirmary who might desire to be treated homœopathically might have the option of being so treated. It would not, he thought, have the effect of deterring medical men from continuing to act in connection with the Infirmary. The fact that they did so practise there served to increase their private practice—an advantage they were not likely to forego. If they—the allopathic doctors—found that they were losing their patients they would, he doubted not, be induced to study homœopathy, and if they did so they would, he doubted not, be induced to modify their views.

Mr. HARPUR also supported the motion, arguing that it was a hardship to oblige hospital patients to take allopathic medicines when they entertained a sincere conviction that they were little better than more or less virulent poisons. Yet the hospital attendants would be bound, in all such cases, to see that the patients of the Infirmary took such medicine whatever might be the opinion of the unfortunate patients themselves. He had no fear that the medical men would leave the Infirmary if the step now contemplated were taken. If they did so he should immediately be disposed to infer that they were in the wrong. (Hear, hear.) All that the homœopathists asked was that their system might be allowed in the Infirmary, to stand side by side with allopathy. If truth was on the side of the

allopathists what had they to be afraid of? The hon. member concluded his observations by quoting from a medical work, to show from statistical facts that homœopathy was, throughout the civilised world, entitled to rank as a recognised science. The intolerance of the allopathists and of their friends ought not to be allowed to interfere with the trial of any fair experiment to which they might choose to remain opposed.

Mr. DALGLEISH said that the medical profession had already a great deal to do with the way in which men came into the world, and the way they went out of it—so much so that it was almost an established fact that neither birth nor death could take place unless they were present. If a man died without a doctor there was now-a-days a presumption officiously raised that he must have been made away with. There could be no doubt that the ventilation of this question would do a vast amount of good. He could not see why patients in public institutions should not be treated according to the system which they believed to be best. Patients in such institutions were allowed to receive the ministrations of the ministers of the particular religious denomination to which they belonged, and was not a man's life as much to him as his faith? The fact that so much of the public money went for the support of charitable institutions was a sufficient justification for bringing this matter before the Assembly. He believed that before long there would be a homœopathic hospital in the city; but in the meantime to have a separate ward in the hospital for the practice of homœopathy would do no harm, but would do good. Most of the homœopathic practitioners had been brought up in the allopathic school, and had become convinced of the errors of that mode of treatment. Murder, if it took place under the protection of a diploma was no murder. In any case where a dispute arose, where a doctor was alleged to have treated a patient wrongfully, there was found to be an equal array of doctors on either side—on the one side, to say that the patient had been murdered, and on the other to say that proper steps had been taken to effect a cure. At the present time homœopathists had succeeded in obtaining a standing throughout Europe; in every city of Great Britain there were a vast number of persons who believed implicitly in homœopathy, and also hospitals devoted exclusively to the reception of homœopathic patients. He therefore thought it was quite time to give this branch of the profession a standing in this colony. Where there was a clash of opinions on the subject of

medical treatment the public must derive benefit from it, and would have a better opportunity of judging than they had now. In medicine, whether a patient were treated homœopathically or allopathically, it required a great deal of faith to enable him to derive benefit from the treatment. He looked upon the motion as amended as a very reasonable one, and he should give it his support.

Mr. SADLER said he thought the House had a right to interfere in this matter. A petition, very respectfully worded, had been sent in; and why did the House receive the petition if there was any objection to their interference? Another reason why the House should interfere was that the Infirmary was supplied largely from the public funds? It was well known that the mind had great effect on the body; and that doctors were in the habit of administering bread pills and coloured water to their patients. He might refer to the extent to which doctors sometimes poured calomel down the throats of their patients? it was sometimes taken in spoonfuls, and the consequence was the people's teeth fell out, and they presented pitiable objects. Numerous proofs could be afforded of the success that had attended homœopathic treatment; and there were thousands of persons in this colony who believed in the system; this was another reason in support of the motion. He had, himself, witnessed the beneficial results of homœopathic treatment.

Mr. CALDWELL said he was sorry he could not support the motion. The subject was no doubt one of great importance, but he did not think the proper steps had been taken, inasmuch as no application had yet been made to those under whose care the Infirmary was placed. Until an application had been made to the Board of Management he did not think the House ought to entertain this question. If the homœopaths could show that this system was a desirable one to introduce he had no doubt they would find a ready assent to its introduction. He had heard no complaint of the mode of treatment, or of want of medical attention in the Infirmary, and he was of opinion that the whole colony was indebted to the medical practitioners who gave their services to that institution, and that they were not open in any way to the imputations which had been cast upon them. (Hear, hear.)

Dr. LANG said that if wards were to be provided for homœopathic treatment, wards must also be set apart for the practice of other modes of treatment. He thought this was a matter which should be left to the Medical Board. If the medical profession of the city, in

whose skill, zeal, and philanthropy he had confidence, chose to set apart wards for this purpose it would be well, but, for the reasons he had stated, he could not support the motion.

Mr. ALEXANDER said the subject of homœopathy had been brought before the Board, but they did not under the circumstances feel that they could recommend it, because to carry out this new mode of treatment another ward would be required. These gentlemen were very desirous of doing all they could to alleviate the sufferings of the poor, and did not view homœopathy with so much jealousy as had been supposed. He believed that in some instances homœopathic remedies had been given. It would be much better to leave this matter in the hands of the directors. The proposition certainly could not be carried out without increased accommodation, and although he was highly in favour of this system having a trial, he should feel it his duty to vote against the motion.

Mr. HOLROYD agreed with the hon. and rev. member for West Sydney that to assent to this motion would be to open the way to the establishment of other wards for different kinds of treatment. Homœopathy was not a new system. It was known in the middle of the seventeenth century, and in a couplet was referred to by Hudibras, but it was only now that it had arrived at anything like a science. By the *Sydney Morning Herald* he found that there was a homœopathic institution in this city where patients might be treated at a most cheap rate, namely sixpence per day, or for a longer period at 9s. per month. He (Mr Holroyd) had written and published upon this subject, and he could not understand how this treatment could be afforded at such a rate unless the institution was supported to some extent by public contributions. And he did not see why wards should be set apart in the Infirmary for this purpose, when there was such an institution in this city. He should have thought at any rate that out-door treatment would be all that would be asked at the hands of the Government. [The hon. member here read an advertisement in reference to charcoal lozenges as a cure for indigestion and flatulency.] (Laughter.) Now if they set apart wards for the cure of patients homœopathically, why not set apart wards also for the cure of flatulency by charcoal lozenges. (Laughter.) Where was the thing to end? He would go as far as anyone in extending benefits to the poor, but he did not see that it would be desirable to carry a motion of this kind. He believed that the benefits of homœopathy were derived rather from the imagina-



tion than medicine. If homœopathy were to have a standing in this city let it be separated from the public Infirmary.

Mr. ALLEN replied: The hon. member for Paramatta (Mr. Holroyd) had spoken against homœopathy, but it had succeeded. Could the hon. member touch the statistics he had quoted, where he had shown that under homœopathy two-thirds had been cured, whilst under allopathy two-thirds had died? Was not scarlet fever the most direful disease? and yet it was under the control of homœopathy just as much as the hon. member's horse was subject to his bit. Should not the country then have the opportunity of judging between the two systems? He pointed out that croup was easily cured by the homœopathic system. But the hon. member would saddle on the country for ever the allopathy of the hospitals, and thus keep up a class of men who upheld these opinions of their profession and their practice. He asked whether Dr. Johnson and Sir Astley Cooper were quacks, and what did they say in reference to allopathy? The hon. and rev. member (Dr. Lang) said they should leave the patients in the hands of the medical gentlemen attached to the hospitals and infirmaries; but he said this was like leaving a lamb with a lion. He contended that, if they allowed this system to be practised here, it would induce their young men who were studying in England to direct their inquiries to homœopathy as well as allopathy. But at present they knew they could not get their diploma if they said they intended to practise homœopathy; therefore they neglected to make this science their study. All they asked was for nothing but fair play, and that in the public institutions, where money was granted, the homœopathist should have a fair field, and no favour. He trusted the House would do justice to the system, and also do justice to those who, subscribing largely to these charitable institutions, required this justice to be done.

The amendment was negatived without division; and the original resolution was negatived on the following division:—

Ayes, 17.

Mr. Holt  
Tighe  
Dalglish  
Cummings  
Redman  
Wilson

Mr. Allen  
Harpur  
Raper  
Rusden  
Sadlier  
Sutherland

Mr. Morris  
R. Forster  
Burdekin  
Love } Tellers.  
Lucas }



Noes, 27.

|             |              |                 |
|-------------|--------------|-----------------|
| Mr. Cowper  | Mr. Emanuel  | Mr. Mate        |
| Robertson   | Alexander    | Cunneen         |
| Darvall     | Dangar       | Samuel          |
| Arnold      | Cowper, jun. | Buchanan        |
| Faucett     | Stewart      | Wisdom          |
| Forster, W. | Morrice      | Dr. Lang        |
| Ryan, J. M. | Caldwell     | Mr. Garrett     |
| Egan        | Terry        | Holroyd }       |
| Driver      | Piddington   | Bell } Tellers. |

*On the Efficacy of Opium for the Relief of Delirium in Typhoid Fever.*

The recent and frequently successful experiments which have been instituted to test the efficacy of opium and the solanæ in chronic delirium have suggested to Dr. Limousin, physician of the hospital of Bergerac, the idea of applying the same treatment to the delirium which accompanies fever. If we are to form an opinion from the facts recorded in the *Archives de Médecine*, the results would appear satisfactory.

Six, or at least five of the eight cases published by the author, are undoubtedly instances of violent delirium occurring at various stages of typhoid fever, and the beneficial effects of opium were prompt and evident.

The first subject was a young man of twenty-one, in whom as a complication of typhoid, violent, incessant and noisy delirium was present; the patient recognised none of his attendants, and was prevented with much difficulty from throwing himself out of the window. Mr. Limousin prescribed:

R Extr. Opii., gr. ijss.;  
Mist. acaciæ, ʒvj.

To be taken in tablespoonfuls every hour, until the production of sleep. On the first day, the medicine had no effect, and was again exhibited on the morrow; the delirium entirely ceased on the third day, and moreover, the sordes, abdominal distension and diarrhœa were removed, copious perspiration supervened, and the pulse fell from 130 to 90.

In the second patient, a lad of nineteen, opium again checked the

delirium; two and a half grains only were prescribed, and the first doses removed the tremor, agitation, and loquacity. After an interval of a few days the symptoms returned, and were again dispelled by the same remedy, and in this instance also copious diaphoresis was observed, the diarrhoea was arrested, and the sordes which covered the lips and tongue disappeared.

The third subject was a young man aged twenty-six, whose countenance on the fourth day of typhoid fever assumed a sardonic expression, whilst his answers became singular and incoherent. At night he talked incessantly in the most unconnected manner, jumped out of bed, ran out of the room, etc.; two and a half grains of extract of opium were prescribed and produced the first day most distressing retention of urine which lasted twelve hours; a large quantity of water was then passed with great relief. The delirium in this instance yielded as promptly as in the former cases, but the drug had no visible effect on the fever, pulse, or secretions, a circumstance explained by the early stage of the disease. The cerebral complication was, however, entirely removed, and the fever henceforth steadily progressed towards a favourable issue.

The author after relating three other analogous cases, records the particulars of two instances of genuine inflammatory meningitis, the first observed in a boy of eleven, the second in a child aged two years, in both of which opium proved most beneficial. Ten drachms of syrup of morphia, a teaspoonful to be taken every hour, were prescribed for the elder child, and to the younger, in whom the meningitis was connected with enteritis caused by teething, three enemas were administered, each containing three drops of laudanum. Under the influence of this treatment the infant fell asleep, and on awaking displayed every sign of returning intelligence; five drops of laudanum were perseveringly exhibited every day, and the recovery was delayed by diarrhoea only; the right side remained, however for a long time weak and contracted.

Cases of this kind are highly interesting, although they are not invested with a character of absolute novelty. Upwards of twenty years ago, Mr. Morand, of Tours, succeeded in checking the delirium of subjects labouring under typhoid fever, by the exhibition of mixtures containing fifteen drops of laudanum. Dr. Limousin's practice shows that opium does not, as has too often been asserted, cause determination of blood to the head, and that the practitioner is not

bound to dispense with this valuable medicine, because congestion of the encephalon is supposed to exist; morbid vascularity has moreover not been discovered in the brain of animals or individuals who have died from the effects of opium; we know very little more of its action on the system beyond Molières *virtus dormitiva*, and we should, therefore, not be deterred by any preconceived theory from the use of this drug in febrile delirium, in which bloodletting and antiphlogistic treatment are notoriously unavailing.—*Med. Circ.*, Oct. 21, 1863.

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*On the Treatment of Delirium Tremens.*

The following case illustrates the soundness of Mr. Piorry's practice, who advises the exhibition of ammonia as a test in cases of nervous symptoms of a serious character, in subjects addicted to intemperance.

A man residing at Valleyres-sous-Montagne, consulted me, in the absence of his usual medical adviser, for his brother, whom I was not acquainted with, even by sight. He informed me that the patient, a vigorous man of forty-two, of bilious and sanguineous temperament, not habitually addicted to intemperance, but irritable after any unusual indulgence, had recently committed excess at the annual fair of his village. The result had been delirium tremens, attended with hallucinations and violence.

Mr. Piorry's practice was not at the time known to me, but from the description of the symptoms, I entertained no doubt as to their cause, and I prescribed the following mixture to be taken in table-spoonfuls every hour :

R Aq. destill. Tilæ. ʒvij. ;  
 Liq. ammoniæ fortioris, M xxv. ;  
 Syrupi althææ, ʒj. ; M.

On the following day I was informed that, after the fourth dose, improvement had set in, and the patient had become quiet. I prescribed another similar mixture, and the symptoms gradually becoming milder, admitted of the man being conveyed to the hospital, where he has been annually a visitant after the period of the fair.

OSCAR RAPIN, M.D.,  
 Grandson, Vaud (Switzerland).

—*Medical Circular*, Nov. 11, 1863.

*On the Efficacy of Sesquichloride of Iron for the Cure of  
Varicose Veins.*

The method now most frequently adopted in the hospitals of Paris for the cure of varicose veins, is the injection of sesquichloride of iron. If we judge from what we have frequently witnessed in Maison-neuve's wards, the operation is extremely simple, but still it is an operation, and both patient and surgeon may hesitate before resorting to it, more especially as this (alleged) curative procedure does not afford any absolute certainty of a satisfactory result.

Under these circumstances, Dr. Linon, of Verviers, suggests that it might perhaps be preferable to endeavour merely to support the enlarged blood vessels, and prevent them from acquiring a degree of magnitude calculated to interfere with healthy exercise. For this purpose he proposes pressure combined with the external application of the sesquichloride, and describes his plan as follows in the *Scalpel* :

"Compresses impregnated with a solution of sesquichloride of iron (a drachm and a half to three drachms in eight ounces of water), are laid over the varicose veins and supported with a moderately tight roller; if this dressing be not removed for twenty-four hours, the venous dilatations will be found to have almost entirely subsided. The bandaging should be removed every day for a week, after which the application of the roller only is sufficient.

"Linen would appear less appropriate than flannel bands and compresses, the only objection to which is their weight.

"By this simple procedure M. Linon has succeeded in a few days in causing the disappearance of enormous varicose veins, accompanied by intense pain, and in restoring to the patients the use of their limbs. The benefits obtained by this method cannot be ascribed to the effect of pressure alone; when this system has been adopted, the venous dilatations reappear as soon as the roller is removed; the advantages conferred by the use of the solution of sesquichloride are, on the contrary, of an enduring character. Mr. Linon asserts that in several cases which fell under his own observation, the patients gave up the treatment after four days, and yet the varicose veins returned only after an interval of several weeks."

—*Medical Circular*, Nov. 11, 1863.

*On the Efficacy of Arsenical Preparations in Neuralgia.*

Dr. Cahen, physician of the Hospital for Jews, founded by Baron de Rothschild, has exhibited arsenic *with unvarying success* in sixty-five cases of neuralgia, viz. :

|                  |    |    |    |    |
|------------------|----|----|----|----|
| Facial Neuralgia | .. | .. | .. | 35 |
| Sciatic ..       | .. | .. | .. | 8  |
| Intercostal      | .. | .. | .. | 4  |
| Epigastric       | .. | .. | .. | 14 |
| Otic ..          | .. | .. | .. | 2  |
| Dental ..        | .. | .. | .. | 2  |
| Total .. ..      |    |    |    | 65 |

In each of the two instances of dental neuralgia, several teeth had been extracted without relief. One young woman had as many as eight teeth taken out; Mr. Cahen prescribed arsenic, and a complete cure was effected.

From January, 1859 to 1862, Mr. Cahen administered arsenic, for various affections, to 292 patients. The minimum daily dose was one-sixtieth, and the largest was two-thirds of a grain. For the entire treatment, the smallest collective amount exhibited was three-tenths of a grain, and the most considerable eight grains. Arsenious acid was the preparation employed, and was prescribed in pills, and in lotions containing one part of the remedy in a thousand of water, and in baths containing eighteen grains of arsenite of soda, in rheumatic and gouty affections.

With regard to neuralgia, Mr. Cahen observes that sciatic neuralgia is that which has been, in his experience, least amenable to arsenic. This remark should not, however, deter practitioners from the use of this remedial agent in sciatica, and the *Journal de Médecine de Bruxelles* publishes in its July number an encouraging case in point. The patient was a man much debilitated by previous disease, and loss of rest. Valerianate of quinine, Belladonna, blisters, turpentine, and all the sedatives of the Pharmacopœia had failed in allaying his sufferings, which had become excruciating. Dr. Barella then had recourse to arsenic, and prescribed on the 1st of December the following solution :

R̄ Liquoris. potassæ. arsenitis., 3iv.;  
Aq. destillatæ., 3vij.

Dose: one table-spoonful night and morning.

No improvement was observed before the fourth day ; on the fifth diarrhœa set in with marked amendment. On the sixth day copious perspiration broke out, the intestinal relaxation continuing together with slight feverish excitement, which was attributed to the arsenic. The remedy was discontinued for five days, and then resumed. The pain had now altogether disappeared, but the medicine was, nevertheless, persevered in for a fortnight.

In the 292 cases treated at the Rothschild Hospital, Mr. Cahen noted diarrhœa in nineteen, but was never on that account obliged to discontinue the treatment.--*Medical Circular*, Nov. 11, 1863.

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### *Efficacy of Permanganate of Potash in Obstinate Cases of Ozæna.*

We recently alluded to the disinfecting action of the solution of the permanganate of Potash, which is extensively used in England and in America, and has been imported into French practice by Mr. Démarquay. Sir Joseph Olliffe, physician to the British Embassy, informs us in the *Gazette des Hôpitaux*, that for several years he has tested the efficacy of a solution of this substance, for the removal of foetor of the breath, and that he has found the remedy far superior in its effects to chlorate of potash.

Sir J. Olliffe raises no claim to priority of invention, but merely records the efficacy of the permanganate in a case of ozæna which had baffled all previous efforts of treatment.

The patient was a young English lady, residing in a school in Paris ; her breath was so offensive that her presence in the school-room had become intolerable to her companions. Her approach caused nausea, and in one instance severe vomiting was induced. Cauterisation, injections of every description, aperients, tonics, and bitters had unavailingly been resorted to.

Aware of the remarkable disinfecting power of the permanganate of Potash, Sir J. Olliffe performed several injections into the nares with a solution of this salt. After the first injection all offensive odour disappeared for half-an-hour. The procedure was then repeated every three hours, and in the course of a week this distressing symptom was entirely removed, and the patient was enabled to remain in the school-room, to associate with the other pupils, and resume her intercourse with her companions. The treatment was persevered in for several weeks, the permanganate and chlorate of

Potash being alternately used both locally and internally.\* The remedies were then discontinued, and during two months, at the conclusion of which the young lady returned to England, no tendency to a relapse was observed. Despite reiterated examination, the seat of the ozæna escaped detection. No redness or ulceration of the mucous lining of the nares or soft palate were discovered, and the nose, which in cases of this description is generally more or less deformed, had preserved its natural aspect.—*Medical Circular*, May 20, 1863.

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### *The Choice of a Doctor.*

“The limitation of our confidence in our guides can be justified not only by these practical considerations, but also by reference to the general grounds on which our confidence in professional advisers rests. We trust them, not because we attribute to them any inherent superiority over ourselves, but because we suppose that they have studied particular subjects, which, if we had been so minded, we also might have studied. We suppose that they have good reasons for the advice they give; and if the risk of following their advice—supposing it to be wrong—is great, we invariably ask for their reasons. We say, ‘Let us see whether or not you really have good grounds to go on in this particular instance.’ Suppose a doctor were to advise some very inconvenient or dangerous operation, and were to refuse to explain himself, or give any reason whatever for his advice, claiming blind and absolute confidence from his patient, and rebuking all criticism as a sin of presumption, surely the patient would go to some one else. He could say, ‘If this man has no reasons for his advice, why should I trust him? If he has, why does he not tell me what they are? I might not be able to appreciate all his arguments, but I could at least form a judgment on the question, whether he was acting on principle, or merely at hazard, and from notions of his own.’ Suppose, on being so questioned, the most eminent physician began to talk in a wild, enthusiastic way about the odyle force and animal magnetism, any moderately sensible man, or woman either, would think that he was either mad or dishonest, and wish him good morning.

\* The prescription was the following:—Potassæ permangan., gr. xxxvj. Syr. flor. aurant, ʒiv.; Aq. destill, ʒvss.,—one table-spoonful to be taken thrice a day.

“Such are the general grounds, and such the limits of the confidence we repose in medical guides. But this does not answer the question, Who are to guide us? Are we in case of doubt to go to the homœopath, or the allopath, or the hydropath? The answer to this in all common matters is, Go to any doctor, no matter what his denomination may be, whom you happen to know, and to have been in the habit of employing, and who gives to mankind at large the guarantee of his skill which consists in the fact that he is established, that a considerable number of people do employ him, and do, as a rule, find his advice advantageous. If you do not find that he suits you, you can go to some one else. As a general rule subject to exceptions of inexpressible importance, the presumption is in favour of a man whose opinions are generally received, acknowledged and taught by those who are interested in the subject.”—*Fraser's Magazine*, December 1863.

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*Efficacy of Ash Leaves on Rheumatism and Gout.*

The *France Médicale* devotes to the medicinal properties of ash-leaves, recommended in rheumatism and gout by Messrs. Delarue, Pouget and Barbotin, an article from which we extract the following passages :—

The effects of these leaves in the above-mentioned affections suggest a valuable distinction : from a careful survey of the cases in which they proved beneficial, it appears that they are appropriate in the sub-acute and chronic forms of disease only. They should not be resorted to before the inflammatory stage has subsided ; otherwise the symptoms might be exacerbated, and a valuable remedy would unfairly be accused of the aggravation. Ash-leaves may be used both externally and inwardly.

Internally Mr. Delarue exhibits an infusion prepared with two drachms and a half of the ash-leaves, for about six ounces of boiling water.

The dose is a teacupful every three hours, or night and morning only, according to the severity of the case. The infusion should be sweetened, and aromatised with a few mint-leaves.

Mr. Pouget prescribes the powdered leaf (eighteen grains for three ounces and a half of boiling water).

In gout a teacupful night and morning is sufficient, but the treatment must be persevered in longer. This remedy taken for a week



or ten days every month indefinitely postpones the attacks of gout, and eventually cures the disease.

The decoction may also be used for enemas; and the leaves heated in a stove, and applied over the painful parts, form an efficient sedative poultice.—*Medical Circular*, Nov. 18, 1863.

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*A Case of Diabetes Mellitus Cured by Nat. sulph.*

By DR. ÆGIDI.\*

The patient, whose affection I am about to describe, is a landed proprietor 43 years old, married, father of two healthy children; this disease commenced in April, 1861, after a chill brought on by getting wet through, with rheumatic fever, two months after which the first symptoms of the present chronic ailment came on, which since that time has gradually increased. He was treated for seven months by four allopathic doctors with many compound medicines, and by one homœopathic doctor, with *sulph.*, *calc.*, *ac.-phos.*, *merc. ox. rub.*, *phos.*, *ars.*, *sil.*, *magn.-m.*, &c., in low potencies and repeated doses without the slightest curative result.

In Feb., 1862, the patient came under my treatment, and the following is a description of his state:

He is of middle height, normally developed, blond hair, gray eyes. He is horribly emaciated, the face fallen in, the chest flattened, ribs projecting, the muscles of the extremities soft and flabby, little but skin and bone. Tongue and gums bright red, the latter flabby, receding from the teeth. The epigastrium distended and very sensitive; liver hypertrophied; bowels confined, fæces gray coloured. Skin flaccid, that on the chest covered with erythema. Dull pain in the region of the right kidney on pressure. Secretion of urine enormously increased; the last four days the quantity of urine passed daily amounted to from 10 to 18 pounds. The urine is pale, almost like water, at the same time something like whey, viscid, on being passed frothy, with sour reaction, of the specific gravity of 1103, quantity of sugar in it, about  $5\frac{1}{2}$  per cent. Appetite and thirst inordinate. Sleep disturbed by frequent calls to pass urine; spirits low, extremely timid and anxious; mind enfeebled, thinking faculty impaired. The patient felt weary, powerless, walking and all bodily movements difficult. Pain in the ankle joints, heaviness of feet.

\* From *Allg. Hom. Ztg.*, Nov. 16, 1863.

After sleeping in the morning fatigue and powerlessness, all the ailments aggravated during rest; thirst most all the forenoon, with internal chilliness, confusion of head, pressive pain in forehead, especially after every meal; noises in the ears, sometimes vertigo, followed by nausea and difficulty of swallowing.

As regards the anamnesis the following is ascertainable: until his 20th year he had enjoyed good health and strength. He denies ever having had the itch, but acknowledges that when 19, he caught a gonorrhœa which, in spite of medicines and injections lasted a year nearly. After this confession he was subjected to a closer examination, and the following further particulars was ascertained:

Long after the gonorrhœa had disappeared he felt a troublesome itching on the hairy parts of the sexual organs, much aggravated by the warmth of the bed. After scratching hard at the itching part, which he was compelled to do in order to obtain some relief, he observed a humid eruption develop itself on those parts, which after a few days became covered with small blackish scabs, which led him to suspect that he had crabs, but a careful examination showed that this was not the case. Afterwards, when this affection had disappeared spontaneously, he observed on the scrotum a number of small hard round bodies, the size of small groats, of a yellowish white colour, which caused him no uneasiness, and which gradually disappeared without leaving any trace behind them. Not long thereafter, however, there occurred on the inside of the lips and on the edges of the tongue raw places the size of a silver penny, which became covered with mother-o'-pearl looking hard skin, and hindered him in chewing. He used for these borax and honey, which gave him temporary relief, but did not prevent the return of this painful local affection. At last it quite disappeared, and for two years his health continued quite satisfactory. From a severe chill contracted at a ball in winter, he got a severe attack of rheumatism that kept him to his bed for six weeks, but which eventually yielded to the remedies employed, leaving behind a permanent but painless weakness of the leg. He still feels it somewhat lame. He has also a swelling of the bone on the joint of the right clavicle, which occasionally causes pains, and is still perceptible. Until the outbreak of his present affection he had not had to complain of any other symptoms.

After ascertaining all these circumstances no doubt remained that the patient was profoundly affected by the gonorrhœal cachexy, and that the diabetes was in causal connexion therewith. For these

reasons, and because the patient had the hydrogenoid (?) constitution, I did not hesitate to prescribe for him *natr.-sulph.* and *thuja* which were indicated by the similarity of symptoms. Rendered timid by the repeated warnings of my friend Dr. Wolf never to give *thuja* more than once and never to repeat it, I administered to this patient once for all a couple of globules of *thuja* 30, and eight days afterwards commenced giving him *natr.-sulph.* 3, 5 drops four times a-day in a cupful of warm water.\*

I shall refrain from describing the whole course of the disease with its vicissitudes of amelioration or aggravation, and shall only observe that the effect of the treatment was wonderfully favourable. After he had taken the *natr.-sulph.* for four months uninterruptedly in the above manner, he completely recovered from his apparently hopeless and dangerous illness. More than a year has since elapsed, the patient who had been "given up" is now no longer recognisable, he feels strong, well, and disposed for work; his spirits are good, he has increased in size, his muscles are stronger, his countenance denotes contentment, and even the lame leg gives him less uneasiness.

The courteous reader of this case I trust will not imagine that I recommend *thuja* and especially *natr.-sulph.* as specific remedies for diabetes mellitus. By no means! Every individual case is peculiar and characteristic, and requires its own peculiar remedy. This was proved to me in reference to this case this very year, when a second case of diabetes that had been given up by the allopaths came under my care. Neither *thuja* nor *natr.-sulph.* was of the slightest use. After many fruitless trials I restored the patient completely, and that by means of a remedy having a surprising power, but which I shall not mention until further experiments shall have made me better acquainted with its employment, and given me greater certainty in respect to its powers.

[The above case is an excellent example of the cure of diabetes by *natr.-sulph.* in a low dilution. As regards the dose of *thuja* 30 given at the commencement of the treatment, we cannot attach any importance to that. It was evidently suggested by the unnecessarily curious research into the patient's previous history, and as a gonorrhœa and its consequences were the only things that could be ascertained, it was inevitable that a so-called Hahnemannist like Ægidi

\* I have observed that Glauber's salts taken in hot water acts most beneficially, just as we find that the degree of temperature in the Carlsbad waters modifies their action essentially.

would connect the clap and the diabetes as cause and effect, and that the friend of Wolf would give a single dose of *thuya* 30. It is well for the patient that the doctor's Hahnemannism and Wolfism went no farther, and that his good sense led him to give the *natrum sulphuricum* in the doses and repetitions mentioned above. We doubt extremely if the same result would have been obtained had the *natr.-sulph* been given in the same way as the *thuya*.—Eds.]

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*On Mercury in Syphilis.*

A paper was read by Dr. CHARLES DRYSDALE, at the Harveian Society, on November 19th last, entitled

EVIDENCE AGAINST THE INTERNAL USE OF MERCURY IN SYPHILIS  
AND OTHER DISEASES.

At the commencement the author pointed out the extreme difficulty in discovering so-called specifics for disease. We could, he said, understand the effect of Epsom salts, &c., because we know their effects on the healthy human body; but, with the exception of quinine in ague, we have, perhaps, no admitted specific or antidote for any diseased condition. He quoted the opinion, to this effect, of Mr. John Stuart Mill. He then showed by quotations from Skey, Desruelles, Copland, &c., that mercury has the physiological property, as shown on dogs, &c., of producing caries of bones and complete degradation of the animal frame. He observed that, of all the properties assigned to mercury, its power as a purge was the only proved one it possessed; and from its dangerous properties in some habits, it was obviously a bad purge—it had been called a cholagogue, but recent experiments on dogs had shown that it actually diminished the secretion of bile. The use of calomel and opium was now, he believed, abandoned by the best surgeons in traumatic cases, and in peritonitis. In iritis mercury has been shown to be useless and probably injurious, by Hugh Carmichael, Dr. H. Williams, of Boston (who treated sixty-four cases of syphilitic and other iritis without it), by Dr. Hughes Bennett, and by Mr. Zachariah Laurence. Mr. Acton, too, confessed that he thought syphilitic iritis was frequently caused by mercurial courses. As to pericarditis, he quoted the experiments of Dr. J. Taylor, of University College Hospital, where there had been no good effect produced by salivation, but, on the contrary, much suffering; and in acute hydrocephalus he quoted Hughes Bennett, who thinks that the

extreme mortality from this disease is partly attributable to the calomel and bleeding used. As to the administration of mercury in bronchitis, pneumonia, and pleurisy, 150 consecutive cases of uncomplicated pneumonia recently treated by Professor Bennett in Edinburgh Infirmary, without mercury or bleeding, had recovered. Dr. Walshe objected most strongly to the use of mercury in inflammatory states, and Dr. Hughes Bennett considered mercury simply an evil, and that it should never be used. Passing on to the stronghold of the mercurialists, syphilis, he observed, that he believed with Syme, Ricord, &c., that ulcers on the genitalia and secondary eruptions had always existed, although not at first recognised as connected. He then gave quotations from Dr. William Ferguson, 1812 and 1846, to show how many thousands in the British army had recovered from primaries and secondaries perfectly, without a particle of mercury; and how fearfully the British army had to suffer from John Hunter's treatment in the peninsula. He next quoted Mr. Guthrie, late president of the College of Surgeons, that all sores on the penis, whether indurated or not, will recover perfectly under rest, diet, and cleanliness, without mercury. Then he showed that of 407 cases treated by Hennen, iritis occurred only in one; eruptions in one; with no case of nasal bone affection. In 1818 Dr. John Thompson had treated in Edinburgh a large number of troops for venereal disease without mercury; and the only symptoms observed were sore throats and eruptions; all getting perfectly well. He had not any deep ulcers of the skin, nor caries of the bone, among those untreated by mercury. Dr. Desruelles had treated, in the Val de Grace Hospital, of Paris, a large number of soldiers without mercury, from 1819 up to 1841, and with the best results; and he mentions that in 1841, 300,000 cases of venereal disease, treated without mercury, had been recorded. Dr. Fricke had treated in the Hamburg Hospital from 1824 up to 1844, 15,000 cases of venereal disease, and in a work published by him in 1828; he mentioned that among the patients treated by him with cleanliness, low diet, and hygiene, he had not had any case of iritis or alopecia, or bone disease; and that the eruptions which appeared in cases untreated by mercury had been easily and perfectly cured by baths, diet, and Epsom salts. The mean time of treatment for primaries or secondaries, according to Dr. Fricke, had been thirty-five days; when mercury was used by him, the most frightful forms of the disease were constantly seen. Dr. Drysdale next mentioned the large expe-

rience of the Swedish government from 1822 to 1836, when 46,687 cases were recorded, and when the non-mercurial treatment was found infinitely the more successful. Also the experience of the French Council of Health, when 5,271 cases were treated without mercury, and no case of caries, and only two of exostosis. He then showed how M. Ricord had founded a reactionary school ; which, leaving off mercury in gonorrhœa and soft sores still administered six months of a daily dose of mercury, followed by three months of iodide of potassium, in order to prove an antidote to the virus. Dr. Drysdale quoted Mr. Syme's energetic denunciation of this "fearful system, which has, in recent times, been founded on the ruins of the mercurial delusion;" and also quoted further from Professor Syme, to show that he believed that syphilis consisted of the primary ulcer, sometimes followed by sore throat and slight (though sometimes tedious) eruptions ; but never followed by bone disease or any very bad symptom, when mercury is not used. Professor Hughes Bennett, too, says, "the idea that mercury is an antidote for the syphilitic poison, and the incalculable mischief it has caused, will constitute a curious episode in the history of medicine at some future day." Dr. Hughes Bennett is a thorough anti-mercurialist in syphilis, as well as in inflammatory diseases. The author then quoted opinions of Mr. Spencer Wells and Mr. W. Cooke, to the effect that serious tertiary symptoms are owing to the mercury, not to the natural disease. He alluded to Professor Bockh, of Christiania's, experiments made for the last few years, and published in 1863. The result was that 1,008 cases of primary and secondary syphilis, treated with calomel and iodide of mercury, required about sixty-two days for treatment, whilst 611 similar cases, treated with Epsom salts and external applications, required only thirty-eight days on an average. Also, where primary symptoms were treated with mercury, 24 per cent. had secondary symptoms ; when, without it, only 14 per cent. became affected. The United States' army direction had recently forbidden the use of calomel, which was a sign of the times ; and Dr. Diday was beginning to treat indurated sores and secondary eruptions with hygiene ; and to show the horrible effects of Ricord's treatment in causing salivation, mania, apoplexy, and dyspepsia, M. Cullerier, Dr. Fournier, and others in Paris, have now abandoned mercury in primary ulcers, and wait for secondaries, which Dr. Drysdale said he hoped was but a prelude to giving up all mercury in syphilis, and returning to the rational treatment of the disease.

With regard to infantile syphilis, the author observed:—1st. That he believed this condition of infants was frequently caused by the poisoning of the parents with mercurio-syphilitic disease; and, 2nd. That infantile syphilis was far more successfully treated without mercury than with it; as shown recently by Mr. Allingham and himself. —*Medical Circular*, Dec. 2, 1863.

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*Open Air in Typhoid Fevers.*

In a pamphlet entitled *Application du Grand Air dans le Traitement de la Fièvre Typhoïde*, Dr. Shrimpton, of Paris, relates several remarkable cases chiefly attributable to the free admission of air to the patient's bed-room. Dr. Shrimpton conceives typhoid to be a kind of paralysis of all the vital functions, occasioned by the respiration of a lethiferous atmosphere, emanating either from a typhoid patient, or from any other morbid source, and he practically demonstrates not only the great advantages derivable from the effects of pure air in the treatment of typhoid, but pronounces the absolute immunity from contagion or infection in the open air. No danger, says the author, can arise from the temperature of the atmosphere; if the patient be warmly covered, the *natural* animal heat will be kept up by the inhalation of pure fresh air. The beneficial action of pure air further enables the practitioner to exhibit stimulants which otherwise might not be tolerated by the system.—*Med. Circ.* Nov. 25, 1863.

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*Toxical Effects of Sulphuret of Carbon.*

Dr. Delpech, a Fellow of the Faculty of Medicine, has recently published important observations on the evil effects of sulphuret of carbon, which is extensively used as a solvent of India-rubber, in the factories in which that substance is blown into bladders for various purposes. The vulcanisation of India-rubber is chiefly effected by the agency of the sulphuret of carbon, aided by chloride of sulphur, although it might be obtained with sulphur alone. The effluvia in a short time cause headache, vertigo, and over-excitement of the nervous system; incoherent loquacity may follow, and the result may be lunacy, or at least obtuseness and imbecility. To obviate these untoward consequences, Dr. Delpech recommends a glass screen to be placed between the workman and his table, with

holes for the hands and arms. When the sulphuret has induced morbid symptoms, the efficacious remedy is phosphorus taken internally.—*Med. Circ. Nov. 25, 1863.*

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*Infallible Remedy for Carbuncle.*

Some months since an appeal was addressed in the newspapers to the public, by a French parish priest, in order to obtain funds for the publication of a pamphlet, in which an infallible remedy for carbuncle was to be revealed. The plan seems to be abandoned for the more simple one of publishing the receipt in one of the Medical Journals. The *Dardelle* secret is accordingly thus described in the *Union Médicale* by Dr. Topinard: on a round of linen sufficiently large to cover the whole diseased part, spread a thin layer of styrax, covered with a thick layer of corrosive sublimate. This compound plaster should be carefully applied over the affected part, and in the course of twenty-four hours the carbuncle is destroyed. The wound should then be dressed thrice daily with styrax ointment, and fomented with a mixture of linseed, lily, camomile and hypericum oils. In eight or ten days the eschar is detached, and a simple sore remains, which is to be dressed with common cerate. This remedy discovered by a blacksmith of the name of Dardelle, has never been known to fail. Dr. Topinard ascribes its efficacy to the specific action of the corrosive sublimate.—*Med. Circ. Nov. 25, 1863.*

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*Popliteal Aneurism, successfully treated by Flexion of the Knee.*

No. 1—BY ARTHUR E. DURHAM, Esq., F.R.C.S.

Assistant-Surgeon to Guy's Hospital

E. P——, a pale, unhealthy-looking man, thirty-one years of age, was admitted into Guy's Hospital, under the care of Mr. Durham, on the 5th of August, 1863. The patient was suffering severely from an aneurism in the right popliteal space, the first symptoms of which had manifested themselves ten or twelve weeks previously. The aneurism was about as large as an orange, firm to the touch, and not easily emptied to any extent by manipulation. Pulsation was very distinct, and the characteristic aneurismal bruit could be clearly heard by means of the stethoscope. When the knee was bent as far as expedient, pulsation in the tibial arteries could be scarcely felt.



The case appearing in many respects a favourable one, it was resolved to try Mr. Ernest Hart's method of treatment by flexion. Accordingly, on the 7th, the limb was bandaged, flexed, and supported by pillows in the manner recommended by Mr. Hart. Each succeeding day a fresh roller was applied over those already on the limb, and the degree of flexion somewhat increased. On the 11th the bandages were removed, and the aneurism examined. No pulsation could be felt; but on making deep pressure, a slight thrill was just perceptible. The limb was again flexed and rebandaged. The next day (that is the fifth from the commencement of the treatment) neither pulsation nor thrill could be felt or bruit heard. The aneurism was, in fact, cured. It gradually diminished in size, and the patient got about comfortably in the course of two or three weeks. He left the hospital on the 28th of August. During the treatment the patient took every three or four hours a draught containing tincture of opium, tincture of digitalis, and hydrocyanic acid, with manifest good effect.

No. 2—BY ERNEST HART, Esq.,

Ophthalmic Surgeon to St. Mary's Hospital.

The late much esteemed and lamented Mr. H. C. Johnson had communicated to the author, more than a year since, some details of a case of popliteal aneurism in which he had effected a cure by forcible flexion of the knee, carried out in the manner which proved successful in the first case which Mr. Hart communicated to the Society. The circumstances under which the cure was effected were somewhat peculiar, and Mr. Johnson had intended to bring forward a statement of the case. That intention having been unhappily frustrated, and as he had already authorised Mr. Hart to make use of the case, it was thought desirable briefly to record it, as a pendant to Mr. Durham's case.

The patient was an adult male, admitted into St. George's Hospital under Mr. Johnson's care, with a popliteal aneurism of moderate size, and of a few month's duration. He employed pressure with tourniquets for nearly three months, but ineffectually, and was on the point of proceeding to ligature when flexion was suggested. He bandaged the leg to the thigh, including the whole foot and leg in the bandage, as it was best, the author thought, to do, and the result was consolidation in six days. The cure was permanent.

The previous failure of compression made this case very interest-

ing, and recalled that in which Mr. Spence, of Edinburgh, found flexion successful in curing a relapsing popliteal aneurism, which had recurred after ligature of the femoral at Scarpa's triangle, where the two unpromising alternatives were the ligature of the iliac under these peculiarly unfavourable conditions, or the old operation of Antyllus, of which the mortality in that region had been very great. The cases brought forward on the present occasion, the author remarked, raised to twelve the number of cures of popliteal aneurism effected by British surgeons since September, 1858, the date of his first case.—*Medical Circular*, Dec. 23, 1863.

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Re Newman versus MacLimont.

Resolutions passed at the Liverpool Homœopathic Medico-Chirurgical Society, 2nd December, 1863.

1. We acknowledge the right of subscribers (to every medical charitable institution) to have the treatment at their institution conducted according to the principle for which they have established it, so far as that principle can be defined. Just as the subscribers to special hospitals, such as those for the treatment of consumption, or of eye and ear diseases, have a right to expect that the funds shall be applied to the purposes for which they were intended.

2. It is acknowledged by all, that in homœopathic practice certain other expedients are necessary, such as surgery, &c., and that the boundary between these methods respectively has never been clearly drawn.

3. The appeal to the letter of Hahnemann's Organon, as defining the limits of homœopathy, is natural, and commends itself to every mind. But we are compelled to reject that appeal; because, although the glory of the discovery of the homœopathic law belongs to Hahnemann, the application of the law must be left to be worked out by physicians independently of his authority, according to the laws of science.

4. We think, therefore, that the true plan for the non-medical governing body of any homœopathic medical institution to follow, is to accept any physician who confesses the truth of the homœopathic law, and makes it the basis of his practice to the best of his ability.\*

\* We commend to other bodies the course pursued by the original committee of the Liverpool Homœopathic Dispensary, who have advisedly left out the word "Homœopathic" in the trust deed of the Dispensary, in order to avoid legal or technical difficulties which might in after times arise.

As to Dr. Newman's questions, we answer, that—

1. We consider the treatment used to have been proper in the case.

2. We consider it allowable to try the effect of caustics, or other surgical methods in cancer, along with internal treatment. We also consider it allowable to use empirically an approved medicine, such as Hydrastis, in default of other remedies.

3. With regard to globules, we consider them large enough to be vehicles of infinitesimal doses. The form of the dose, it is plain, must depend on the convenience of the prescriber.

4. As to the fourth question we consider it allowable to try such applications. This belongs to the question of alternation of medicines.

*A Novellist's Opinion of the Allopathic Dictum respecting the Change of Type in Disease.*

Mr. Charles Reade, in his last novel, *Very Hard Cash*, has the following bitter satire on the allopathic mode of accounting for the success of the non-depleting method of treating acute disease:—

“As years rolled on Dr. Sampson made many converts at home and abroad. The foreign ones acknowledged their obligations. The leading London physicians managed more skilfully; they came into his ideas, and bit by bit reversed their whole practice, and twenty years after Sampson began to strengthen the invalid at once, instead of first prostrating him, and so causing either long sickness or sudden death. But, with all this, they disowned their forerunner, and still called him a quack, while adopting his quackery. This dishonesty led them into difficulties. To hide that their whole practice in medicine was reversed on *better information*, they went from shuffle to shuffle, till at last they reached that climax of fatuity and egotism—THE TYPE OF DISEASE IS CHANGED.

“*Natura mutatur, non nos mutamur.*

“O, mutable nature and immutable doctors.

“O, mutable omniscience, and infallible nescience.

“The former may err; the latter never—in its own opinion.

“At this rate, draining the weak of their life-blood was the right thing in Cervantes's day; and when he observed that it killed men like sheep, and said so, sub tit. Sangrado, he was confounding his own age with an age to come 300 years later, in which coming age depletion was *going* to be wrong.

“ Molière, in lashing the whole scholastic system of lancet, purge, and blister as very slaughter, committed the same error; mistook his century for one to come.”

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*To the Editors of THE BRITISH JOURNAL OF HOMŒOPATHY:*  
GENTLEMEN,—

It is with regret that we have learned that Dr. Pattison feels himself aggrieved by our paper on Cancer in the last number of this Journal, considering that we have claimed for ourselves the credit of introducing the mode of treatment which we have described, and which he asserts is wholly due to him.

We had hoped that we had written our paper with sufficient care to prevent the idea that we claimed anything for ourselves beyond the right of expressing an opinion upon a mode of treatment which we had various opportunities of observing, and of which we had had some amount of practical experience. To prevent, however, all misunderstanding on this point, we beg to say at once that we do not claim, and have never thought of claiming, the discovery as our own.

The treatment consists essentially of three parts.

1. *The mode by which the cancerous tumour is enucleated.* The method we adopt is claimed by Dr. Fell, and in the valuable report of the surgeons of the Middlesex Hospital in 1857, the honour of introducing it is unhesitatingly awarded to him with very high encomiums. In awarding it to Dr. Fell we acted only on the authority of the medical officers of the Middlesex Hospital, and without the slightest wish to deprive Dr. Pattison of any of the laurels which he has earned. If the question of priority is raised between Dr. Fell and Dr. Pattison, we feel that we have not the means of deciding it, and willingly leave it to those who have a greater interest in it than ourselves.

2. *The internal use of Hydrastis.*—Dr. Pattison, in his letter to us, claims the honour of introducing this valuable medicine, and as we believe that his claim is admitted by many who have better opportunities of forming an opinion than ourselves, we see no reason to dispute it. We have been using it for more than three years, the greater part of which time we did not know that Dr. Pattison was using it.\*

\* Although we *did* not know it, we confess that we very easily might have known it.

3. *The combination of Hydrastis with Chloride of Lime* in the caustic paste, we believe, originated solely with Dr. Pattison. In the spring of 1862 he kindly gave one of us some of his paste (informing him at the same time of his mode of applying it), for use in case No. 1, in which he was consulted; and although he did not disclose its composition, we have reason to suppose that these were the ingredients—an idea confirmed by the chemical and microscopical investigation we made upon it.

Our acquaintance with the mode of treatment is as follows: In 1856 one of us regularly attended Dr. Fell's clinics, and in 1862 the other of us received instruction from Dr. Pattison, and some of his paste, with which case No. 1 was treated, until we passed it (from circumstances which we will not name here) into his own hands. We know of no difference in the external treatment beyond that Dr. Fell's paste contained *Sanguinaria*, and Dr. Pattison's *Hydrastis*, which we believe to be a great improvement. The paste we use was suggested by the preparation described in page 59 of Dr. Fell's *Treatise on Cancer*, substituting *Hydrastis* for *Sanguinaria*, although we have considerably modified it since our first preparation was made.

We hope that this statement will at once relieve us from any charge of unfairness or discourtesy, and also relieve Dr. Pattison's mind from any painful impression he may have received.

We are, yours obediently,

C. H. MARSTON, M.D.

R. MACLIMONT, M.D.

## BOOKS RECEIVED.

*The Philosophy of Homœopathy*, by W. MORGAN, M.D. London: Longman, 1864.

*The Diseases of Dogs and their Homœopathic Treatment*, by J. MOORE, M.R.C.V.S. London: Simpkin. 1863.

*The Monthly Homœopathic Review.*

*The Homœopathic Observer.*

*L'Art Médical.*

*Bulletin de la Société Homœopathique de France.*

*El Criterio Medico.*

*Neue Zeitschrift für Homöopathische Klinik.*

*The American Homœopathic Review.*

*The North American Homœopathic Journal.*

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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THE MUSK SYMPTOMS OF THE PURE  
MATERIA MEDICA.

By Dr. FR. LANGHEINZ of Darmstadt.

THE second edition of the *R. A. M. L.*, which we use for our examination, contains under Musk only two symptoms observed by Hahnemann himself. According to the preface, p. 317, they were occasioned by a tincture made with 10 grains of Musk to 200 drops of Alcohol, but we are told nothing respecting the dose of this tincture, nor who the prover was, nor anything about his peculiarities. The first symptom (S. 7 of 3rd edition) came on after an hour (reckoning from the time the dose was taken), and lasted—how long?

The second symptom (S. 146 of 3rd edition) “Every morning slight perspiration,” almost worthless. For how long did this morning sweat occur? evidently as long as the Musk acted, but how many days did it act? Was the prover not used to have slight perspiration in the morning, without taking anything?

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Among the 150 symptoms observed by others, 9 are ascribed to Friedrich Hahnemann. These are symptoms 5, 15, 42, 48, 44, 47, 59, 63, 115.\*

\* The numeration of the symptoms in the 3rd edit. differs slightly from the 2nd edit. owing to the two symptoms observed by Hahnemann which stood separately in the earlier edition, having been incorporated with the others in the later.—(TRANSLATOR.)

These symptoms are not all taken from *one* prover, probably from three. Thus SS. 5 and 47 are certainly from a (?) male individual; SS. 42, 43 and 59 from one or more females; and lastly the sex is not discoverable of the person who furnished SS. 15, 44, 63 and 115. S. 115, however, must be rejected, as a person with "venereal patches" cannot be termed healthy.

From symp. 44 "attacks of nausea, for six successive days," the duration of the action of Musk may be fixed as extending over that period, as this is the longest period cited in the symptoms in question. The "several days" in symp. 63 probably do not mean a longer period; at least if they did I should have expected a more explicit statement of the fact. From the remaining 8 symptoms of Fr. Hahnemann no conclusion can be drawn respecting their trustworthiness or the reverse; I would let them remain, and if the course of our inquiry shows that they are strengthened and corroborated by the observations of others I would regard them as pure.

The number of symptoms contributed by Stapf of Naumburg is more considerable, viz., 3, 4, 14, 16, 17, 18, 26, 28, 29, 30, 31, 38, 45, 49, 52, 55, 56, 70, 71, 74, 78, 86, 89, 116, 141, 144, 148, 150, in all 28. Unfortunately no description is given of the provers; the dose, to judge by the note appended to symp. 3, was 2 grains rubbed up with sugar and water given at three times within two days; therefore two-thirds of a grain of Musk per dose.

Of these symptoms the following were observed in women: 17, 28, 29, 38, 56, 70, 71, 78, 86, 89 and 144—11 symptoms, 7 of which have the time of their appearance indicated. Supposing these were all observed on one woman, the following history of disease may be compiled.

The prover took about noon a dose of Musk. It is doubtful how large this dose was, for in the note to symp. 3, where as above stated the dose was two-thirds of a grain of Musk, the sex of the prover is not stated. This was observed:

Immediately and that from the smell of the musk: symp. 28, "Smarting in the eyes as if from smoke and running of water

from them, after half an hour," (was the smarting then diminished)?

Symp. 29, "Itching in the eyes so that she must rub them."

After one hour, therefore at 1 P.M., symp. 17, "Her whole head is painful, drawing here and there into the nape where there is tension, better in the open air, worse in the room."

After six hours: symp. 89, "In the evening after lying down in bed there occurred a drawing and shooting in the left forearm from the wrist to the elbow, which prevents her falling asleep; she must lay it outside the bed and move it backwards and forwards to mitigate the pain for half an hour."

According to this the prover went to bed at 6 o'clock (why so early?) and now she says:

Symp. 144, "When she got into bed (at 9) burning heat in the whole body, (the right side appeared hottest), with dry feeling and scraping in the throat and mouth and moderate thirst; bed was intolerable, she must throw off the clothes, at the same time shooting (?) headache in the forehead, whirling before the eyes, beaten feeling all over the body, sleepless, restless, turning about, she felt a griping above the navel in fits (so bad as to take away her breath, see symp. 56), and bearing down towards the genitals with extreme ill-humour; the attack lasted an hour (after 9 hours)."

Sympt. 89 and 144 cannot well both refer to the same prover; for one (S. 89) went to bed after 6 and the other after 9 hours (S. 144), or did the same person lie down at 6 o'clock and then get up again? Or did the two symptoms occur on different days?

Want of precision in data is the curse of science, and deprives of all value what has cost the greatest trouble and pains!

Symp. 144 is connected with symp. 70: "a drawing and bearing down towards the genitals; feeling as if the catamenia were coming on." This symptom occurred at the same time as the former, and recurred after 22 hours, that is on the following day at 7 P.M.; or if the period of ingestion of the remedy is what we should reckon from, the following forenoon at 10 o'clock. In this latter sense (which appears to me the most



probable) symp. 45 may belong to this case, as the similar time at which it occurred might lead us to infer—unfortunately it is only an inference. It runs: “Nausea in the morning (after 22 hours), and in the evening (after 9 hours).”

Also symp. 86: “Violent drawing in the back, she feels as if drawn in there, as before the catamenia,”—may be connected with these other symptoms as a comparison with symp. 144 and 70 shew; perhaps also symp. 78: “Oppressed breathing, she must breathe deeply;” compare with 56, “Gripping in fits above the navel, taking away the breath.”

After 5 days—symp. 71: “The catamenia came 6 days too soon and were very profuse.”

The person had therefore taken the medicine 11 days before the normal time of her catamenia. There is nothing positively stated respecting any symptoms that may have occurred during the 3 or 4 days of the proving time; I should be inclined to think that symp. 38: “Everything tastes alike, milk has no taste to her,” did not pass off so soon, and perhaps lasted the greater part of the proving time.

The remainder of Stapf's symptoms, viz., symp. 3, 4, 14, 16, 18, 26, 30, 31, 49, 52, 55, 74, 116, 141, 148 and 150 give no indication as to whom they were observed in. If they were observed by Stapf on himself, their value would be much increased if those of our older colleagues who were acquainted with the worthy Stapf would give information as to his constitution, probable age at the time of the proving, &c. But few of these symptoms fail to indicate the time when they occurred (symp. 26, 30, 31); from the remainder, supposing they occurred in *one* prover, we can form a tolerably connected history of a proving.

The symptoms were produced, as aforesaid, by 3 doses of Musk, each two-thirds of a grain taken in the space of two days.

Immediately, and that from the smell, there occurred:

Symp. 3, “On the slightest movement of the head giddy swaying before the eyes as if something moved rapidly up and down;” nausea.

Symp. 74: “In the larynx sensation as from Sulphur vapour and constriction of the windpipe;” also

Symp. 141 : "Much increased warmth of the whole body with profuse sweat and increased liveliness."

After about seven minutes,

Symp. 4 : "Whirling in the forehead and before the eyes, worse on stooping." (This is somewhat similar to symp. 3.)

After half an hour there were observed,

Symp. 16, "Heavy feeling in the head," and at the same time,

Sympt. 55, "single violent shoots in the umbilical region deeply seated, especially on inspiring."

Further, after  $1\frac{1}{2}$  hour :

Sympt. 52, "Tensive pressure in the gastric region with severe tenderness of the abdomen; the former extended after half an hour into the left hypogaster, and then spread all over the abdomen."

After 3 hours :

Sympt. 49, "Full feeling in the gastric region, increased by very moderate eating."

"Sympt. 18, "Painful drawing in the head, from the occiput into the ears, and from the ears into the teeth, worse on the right side."

After 4 hours :

Sympt. 14, "On moving the head strongly, *e.g.*, when going up stairs, painfulness in it," and at the same time,

Sympt. 148, "Palpitation of the heart as from anxious expectation."

In the first hour after taking the Musk the prover was

Sympt. 150, "Ill-humoured."

The following symptoms occurred without the time being indicated :

Sympt. 26, "In the forehead slight shooting."

Sympt. 116, "Bruised pain throughout the body."

Sympt. 30, "Dim before the eyes."

Sympt. 31, "Heat of face with dimness of vision."

It is probable that three of these symptoms, of which 30 and 31 most likely belong to the same symptom, occurred in the commencement of the Musk-action, and may be connected with symptom 3 ; but what of symptom 116 ?

The duration of the action here appears to have been not much over 4 hours; at least no further details are mentioned; but it is not very obvious how the 3 doses taken within 2 days (see above) acted; did each dose act precisely alike?—did 2 doses remain without action?—or how?

I may reserve the remarks I might make here until I have examined the symptoms furnished by Gross, when all that I have to say may be said at once and thus tedious repetition spared.

G. W. Gross of Jüterbogk, like Stapf, one of Hahnemann's oldest disciples, exhibited a great zeal for homœopathy and helped to prove many remedies. He supplied 74 of the symptoms of Musk, which however are not easily classified.

In the first place nothing can be said with certainty respecting the number, sex, &c., of the provers; symptoms 2, 7, 9, 37, 62, 75, 76, 107, 108, 109, 110, 111, 118, 127, 130, 131, 132, 133, 135, 137—20 in number—were certainly observed in males, but with regard to the remaining 54 we can only say that there is no hint to enable us to pronounce with anything like certainty as to the sex. The time of the occurrence of the symptoms is only mentioned exceptionally in symptoms 37, 51, 97, 130, 131, 133, 134, 135, 137, 139, and 140—altogether 11 symptoms, *i.e.* in scarcely one seventh of the number. This circumstance in itself prevents us connecting together Gross's symptoms, and all that remains for us to do is to compare them as to their value with other symptoms which we can supervise; rather a roundabout and by no means certain means, seeing that every prover possesses certain peculiarities, which give to the action of the drug a certain colouring or direction, so that for instance, the absence of symptom X, which occurred in prover A but not in B, by no means proves that A did observe it incorrectly or spoke falsely. But as in this manner at all events those symptoms may be distinguished which Musk caused in several individuals, and which are therefore especially characteristic of Musk, we shall try the roundabout way, seeing that we are cut off from more direct ways, and we shall compare the symptoms of Gross with those mentioned in Jörg's *Materialien*.

Below are the symptoms of Jörg's provers; the numbers enclosed in brackets indicate the symptoms of Gross which are confirmed by those of Jörg.

1.—E. W. Güntz, 24 years old, short stature, robust constitution, sanguine temperament. At 9 A.M. on the 9th Feb., 1824, he took 5 grains of Musk in 1 oz. of water.

From that time until evening, frequent eructation with the odour of the drug (39), (40)—after 11 A.M. slight headache of a pressive character in the frontal region, which goes off after a few minutes (22). On the 12th of February 10 grains of Musk in 1 oz. of water—only eructation with the smell of Musk till towards evening—no other symptom.

2.—E. H. Kneschke, aged 26, of middle size, lymphatic constitution, sanguine temperament. At 9 A.M. on the 21st Jan., 1824, he took half a grain of Musk rubbed up with 2 grains of Magnesia—slight eructation as on the previous day. No other symptom.

On the 22nd Jan., at 9 A.M., he took 1 grain of Musk with 4 grains of Magnesia and half an oz. of water; after a few minutes, slight eructation smelling of Musk, recurring several times till evening.

On the 23rd Jan., at 9 A.M., 2 grains of Musk rubbed up with 4 grains of Magnesia and 1 oz. of water. The same symptoms.

On the 24th Jan., at 9 A.M. as before, 4 grains of Musk with 1 scruple of sugar and 1 oz. of water. Taste of the sugar with somewhat acrid after-taste. Then the eructation now and then until 4 P.M. The pulse appeared to be fuller than usual, and increased in quickness from 71 to 74 beats, at 10 A.M. About 11 A.M. these symptoms had gone off. Better appetite for dinner.

On the 25th Jan. 6 grains of Musk with 1 scruple of Magnesia mixed in  $1\frac{1}{2}$  oz. of water. The eructation again until late in the evening. The pulse from 10 o'clock onwards decidedly stronger and more rapid by 2 or 3 beats, for an hour. After 12 o'clock great appetite, about 12 o'clock he ate a good dinner.

On the 27th Jan. 10 grains of Musk rubbed up with

one scruple of Magnesia in 1 oz. of water. The above described eructation till 8 P.M. At 9.15 A.M. slight confusion of the sinciput about 10 o'clock, changing to a dull pain in frontal region. This pain which was most in the right side of the forehead (like 23) extended about noon from thence to the vertex and occiput, worse on the right than on the left side. The head at the same time confused as if from wine in a person unaccustomed to its use (in part 8 and 9) hence thinking power somewhat deranged. This lasted till bedtime. In the morning from 10 to 12 o'clock, pulse 2 or 3 beats quicker than usual. In spite of the headache towards noon considerable hunger and a good appetite for dinner. No alteration of the temperature of the skin, or of the secretions or excretions, moreover tranquil, dreamless sleep after each dose.

On the 7th Feb. at 8 A.M. 10 grains of Musk rubbed up with Magnesia and water. Another person made the trituration, so that K. might not be exposed to the smell. Soon after 9 o'clock the eructation up to 12 o'clock with a smell of Musk perceptible to others; ceasing after 3 P.M. Pulse from 9.45 to 10.30 quickened by 3 or 4 beats, fuller (partly contradicted by 187). No alteration of the temperature of the skin or of the transpiration. About 9.15 slight confusion of the head, at the same time a slight pressive pain in the right half of the forehead, not very annoying, not interfering with the power of thinking; about 3 P.M. all these symptoms ceased. (21). Considerably increased hunger from 11 A.M., the usual allowance at dinner did not suffice. Appears to have exhausted its action about 3 P.M.

3.—R. J. A. Martini, 22 years old, slim stature, arterial florid constitution, sanguine temperament. On the 10th of Feb. 5 grains of Musk with equal parts of Magnesia and sugar. No taste of Musk (concealed by the sugar), on the other hand the exhalation from mouth and nose smells almost all day long, and even the next morning, of Musk (perceptible also to others); suppressed by a meal at 10 o'clock, it recurred after smoking tobacco. One hour after taking the medicine moderate acceleration of the pulse, increased feeling of warmth with some perspiration and dilatation of the veins of the hands.

These symptoms lasted scarce an hour. Everything then remained in the normal state.

On the 10th Feb. 10 grains of Musk rubbed up with equal parts of Magnesia and sugar by another hand, in 1 oz. of water. Taste of the Musk soon went off, the odour also lasted only till evening. When eructating after an hour pulse accelerated by 8 beats (something like 137). On coming into the open air soon after taking the drug, suddenly a feeling of heat, from the right cheek up to the same side of the forehead, lasting scarce a minute. This very sensitive prover observed no more symptoms.

4.—C. O. Otto, 22 years old, of tall thin stature, lymphatic constitution, sanguine choleric temperament. On the 13th July, at 8 A.M., 8 grains of Musk which he rubbed up with about 5 grains of sugar and took dry. Taste putrid, clammy, afterwards better. Soon afterwards eructation with the smell but not the taste of Musk; after a short time slight confusion of the head; not lasting long, ascribed by the prover to the smell of the remedy when triturating it.

On the 14th of July, at 8 A.M., 4 grains of Musk rubbed up by another with 8 grains of sugar. No confusion of the head; only eructation with smell of Musk till evening. Smell of the fæces changed, disagreeable, sickly, not very unlike the smell of Musk. Perspiration and urine without the smell of Musk.

On the 15th July, 6 grains; besides eructation, no symptom.

On the 16th of July, 8 grains. Soon moderate confusion of head, changing into slight headache after an hour, at the same time such distraction, that with the best will he could not work in the morning. Nevertheless he did not feel ill, ate his dinner well, in spite of occasional eructation. The excretions were normal, the urine smelt highly ammoniacal, not like Musk, neither did the perspiration, the fæces had a sickly sweetish smell not like Musk.

On the 17th of July, 10 grains of Musk. Repeated eructations. Traces of confusion of head from 8 to 10.30. Great appetite for dinner, then quite well. The profuse perspiration caused by the hot weather does not smell of Musk, but others

when O. approached them distinctly perceived the Musk odour. Urine coloured as usual, with pungent ammoniacal smell, fæces with sickly, sweetish, disgusting smell.

5.—F. J. Siebenhaar, 22 years old, of middle size, stout, robust constitution, melancholy choleric temperament.

On the 13th of July, at 8 A.M., 2 grains of Musk with 5 grains of sugar in  $\frac{1}{2}$  oz. of water. Taste insipid, slightly bitter, very different in intensity from the smell of Musk. Soon afterwards eructation of air smelling of Musk, occasionally till quite late at night and even the next morning. No other symptom.

On the 14th of July, 4 grains rubbed up by another so that he should not be affected by the odour, with 8 grains of sugar. Eructation all day long as on the day before.

On the 15th 6 grains, with the same quantity of sugar in 1 oz. of water. No symptom except eructation.

On the 10th, 8 grains in 1 oz. of water like yesterday.

On the 17th, 10 grains in 1 oz. of water. Eructation; some acceleration of the circulation, and increased turgescence towards the brain, which did not last quite an hour.

6.—Professor Dr. J. C. G. Jörg, 45 years old, of middle stature, stout, robust constitution, sanguine choleric temperament; perspires readily, tendency to diarrhoea, but has it seldom as he avoids the exciting causes, as a rule has from 2 to 3 motions daily; in order to keep his health he requires to work once a week or fortnight, this he does at his profession of accoucheur.

On the 21st of January, at 9 A.M.,  $\frac{1}{2}$  a grain of Musk with 2 grains of Magnesia in  $\frac{1}{2}$  oz. of water. Eructations up to 10 P.M. Strong smell of Musk.

On the 22nd, 1 grain of Musk with 2 grains of Magnesia and  $\frac{1}{2}$  oz. of water. Likewise,

On the 23rd, 2 grains with 4 grains of Magnesia and 1 oz. of water, only cause the same kind of eructation.

On the 24th, 4 grains of Musk with one scruple of sugar and 1 oz. of water. Eructation as before. When he sat down at 6 P.M. in order to read a serious subject, for an hour he could scarcely keep from yawning and falling asleep; at the same

time considerable weariness (something like 127). After 7 P.M. again fresh and wide awake. At night unusually good and sound sleep. (The opposite of 130 and 131.)

On the 26th, 6 grains of Musk with 10 grains of Magnesia and 1 oz. of water. Only eructation as before.

On the 31st, 10 grains of Musk with the same of Magnesia and 1 oz. of water. Eructation; after half an hour slight stupid feeling in the head (compare 8 and 9), sometimes slighter, sometimes increased, almost amounting to pain, lasts till towards noon. Also full feeling in the gastric region about 10 A.M. with pressure up towards the cheek and with shooting towards the left scapula; the latter 2 symptoms went off about 12 o'clock, the fulness in the stomach however continued and diminished the appetite considerably. Between 10 and 12 o'clock the pulse somewhat accelerated (137). At 6 P.M. after the fulness of the stomach had been gone for several hours, burning in the chest down towards the diaphragm. Quiet sleep at night.

On the 3rd of February, 15 grains of Musk rubbed up with 10 grains of magnesia and 1 oz. of water. After 1 hour (about 10 A.M.) slight vertigo, which sometimes changed into a very moderate headache in the vertical region, sometimes also combined with painful pressure over the left orbit (28) and externally over both eyelids (comp. 24). All these symptoms change about 12 o'clock to sleepiness, which is removed by his dinner, for which his appetite is good. About 5 P.M. the slight pressive pain in the forehead recurred, lasting till near 7. Eructation so late as 10 P.M. accompanied by odour of Musk. Everything else normal. The region of the nose and mouth together with the hair of the beard retain the next morning the smell of Musk, but the excretions have none of it.

7.—Theodore Jörg, 14 years old, son of the above, of arterial constitution, middle size, sanguine temperament; slender but quite healthy, accustomed to simple fare, attends the Latin school in Leipzig.

On the 19th of July, 1821, at 7.30 A.M., 3 grains of Musk with 1 tablespoonful of water. Slight pressure in the scrobiculus cordis, some eructation with the smell of Musk, scarcely



perceptible weight in the head, all going off about dinner time. Good appetite. The same day, at 5 P.M., 6 grains of Musk in 1 tablespoonful of water. Soon afterwards pressure in the stomach, afterwards with eructation having the smell of Musk. About 5.30 P.M. confusion of the head with slight headache in the forehead alternating with a similar pain in the occiput (comp. 17 Stapf, and 18 Gross), till 9 P.M. when he took his supper with good appetite. Good and long sleep at night.

On the 21st of July, at 7.30 A.M., 6 grains of Musk in one tablespoonful of water. Almost immediately pressure in the scrobiculus cordis to such a degree that it caused anxiety and tightness in the chest, and he had to breathe oftener and deeper than usual. Soon afterwards eructation with smell of Musk relieved him. Half an hour after taking the dose, numbness and heaviness in the head, which changed into pressive pains especially in the forehead extending downwards towards the eyes and the nose (23). Towards 9 o'clock uncommon dryness in the œsophagus (comp. 41). All these symptoms lasted till 10 P.M., but he ate his dinner and supper heartily and slept well at night.

8.—Mrs. Ch., 45 years old, small stature, delicate constitution, sanguine temperament, healthy, on the 19th of July, at 8 A.M., 3 grains of Musk in one tablespoonful of water. Soon afterwards pressure in the gastric region, relieved but not removed by subsequent occasional eructation with smell of Musk. About 8.30 slight confusion of the head, passing for five minutes into vertigo, then again changing into pressure in the forehead, all going off about 10 o'clock. She felt very ill when the pressure in the stomach was present. Dryness of œsophagus without feeling of thirst, lasting till dinner time and again observed soon afterwards. The aching in the forehead also returned in the afternoon and lasted till 5 o'clock. From 9 to 12 o'clock pulse a few beats quicker than usual.

The same day at 5 P.M. 6 grains of Musk in one tablespoonful of water. Soon afterwards pressure in the gastric region combined with a kind of sinking feeling, the former increased for an hour to such a degree that it was felt not only in front but also posteriorly in the back, and so it appeared to go from

before backwards through the middle of the body, and continued uninterruptedly till the 20th of July at noon (about 18 hours). This symptom is always relieved for a short time but not removed by the eructation with Musk smell, which soon commences and lasts till the evening of the following day. Half an hour after taking the drug the head was confused, and later almost giddy, so that about 7 P.M. the stitches when she knitted seemed to run into one another. With this was associated a troublesome pressure in the frontal region, increased by motion, and constant dryness in the mouth and especially in the fauces, lasting till the following noon—16 hours. From 7 to 9 o'clock pulse quickened by 6 to 8 beats, with unaltered normal temperature of the skin. One hour after taking the Musk great sleepiness, frequent deep yawning, she could not sit up later than 10 o'clock. Quiet sound sleep at night.

July 20th. All forenoon very poorly, head still numbed, the whole body trembling, dryness in throat, weight and pressure in stomach, frequently plagued with the eructation with smell of Musk. Towards noon these symptoms went off, more appetite for dinner than yesterday. Sleepiness, frequent yawning calls her to sleep; quiet sleep from 1 to 3 P.M., and the following night from 10.30 P.M. to 6 A.M.

On the 21st July at 7.30 A.M. 6 grains of Musk in one tablespoonful of water. The same effects as the former dose. After half an hour pressure in gastric region, soon afterwards eructation with smell of Musk; dryness of the œsophagus (Comp. 41); in addition to this at 10 A.M., numb feeling in head, slight vertigo, moderate trembling and quaking through the whole body and acceleration of the pulse (137). At noon very little appetite, but the pressure in the forehead which had begun in the morning became more severe and lasted till evening. In the afternoon weakness, sleepiness and frequent yawning.

In the night of 21—22 July sleep not so good (Comp. 130 and 131); in the morning she suffered from confusion of the head, pressure in the forehead, trembling and bruised feeling of the body, pressure in the stomach, dryness of œsophagus, and eructation with smell of Musk. Not till noon (22nd July)

did these symptoms go off gradually. The excretions during the proving time were unaltered in quality and quantity.

9. Miss R., 12 years old, of middle size, stout, arterial florid constitution, sanguine temperament, quite well, highly excitable, somatically and physically. Regular and rational mode of living.

On the 19th July at 7.30 A.M. 3 grains of Musk in one tablespoonful of water, taken fasting. From 8 to 10 A.M. feels as if she had not slept enough, dull and heavy in head, frequent yawning. At noon good appetite. At 5 P.M. 6 grains of Musk with one tablespoonful of water. After half an hour eructation with smell of Musk, occasionally till 10 o'clock. Almost at the same time there occurred pressure in the stomach and in the forehead, with dulness of the whole head; soon also frequent yawning and sleepiness, which lasted till 10 P.M. Quiet sleep at night, and quite well on the 20th July.

On the 21st July at 7.30 A.M. 6 grains of Musk in one tablespoonful of water. Soon afterwards the oft-described eructation, lasting all day and occurring even the following morning. About 9 o'clock the head became heavy; about 10 the heaviness changed into real pain, especially felt in the forehead, and lasting till 10 P.M. No pressure in the stomach, pulse from 10 to 1 o'clock rather quickened, large and full. At noon good appetite. From 10 A.M. frequent yawning, still more in the afternoon, when there was a mixture of sleepiness and weariness. Good sleep next night and perfectly well next day.

The comparison of these symptoms with those of Gross corroborate but few of the latter; but as the authenticity of Gross's proving cannot be impugned, all we can do is to believe that Gross observed many peculiar symptoms; in his excessive zeal for the good cause perhaps he saw more than was actually present. From want of evidence in favour of the latter view I give an unhesitating preference to the former. It is, however, very much to be regretted that we are almost entirely without any premisses for passing a judgment respecting these peculiar symptoms. If in addition to the dose, its repetition and time of ingestion, the respective persons had been named and indicated, and the symptoms related in their chronological order,

we should then have had in Gross's work one of the richest contributions to the symptomatology of Musk.

If the diaries of Gross are still in existence, I would consider it would be showing proper respect to the memory of the deceased to publish them, in order that the desiderata here alluded to might be supplied.

The 67 symptoms still remaining to be investigated are contained in 31 different works, to wit: 22 works have each one symptom; 3 works each 2 symptoms; 3 works each 4 symptoms; 1 work 5 symptoms; and lastly 2 works have 6 symptoms a piece.

That the difficulty of the revision of the symptoms in question is much increased by this scattering of the sources must be apparent to all.

We shall begin with Rudolph August Vogel's *Historia Materiae Medicæ*, Ludg. Batav. et Lipsiæ, 1758. From this work symptoms 66 and 69 are taken. We read at p. 356, "Solum moschi odorem menses provocasse, annotavit Th. Bartolinus, Cent. II. Hist. 87." This is symptom 69. With respect to symptom 66, "Increased sexual desire," this can only be derived from the following joke, which I shall quote in the original language: "Brassavolus asserit, quod si moschus cum oleo quodam componeretur, eoque virile membrum ungeretur, mulieres adeo in venerem proritet, ut variis et inusitatis motibus clunes moveant." Of experiments on the healthy there is no question here.

A most disagreeable impression is produced by the comparison of symptoms 122 and 123 in Georgii Wolfgangi Wedelii, Med. Dr. et Profess. publ. *Amœnitates Materiae Medicæ*, Jenæ, 1864, p. 198. At Lit. I. Lect. III. Cap. X. the author is discoursing of uterine remedies and particularly of carminatives, which are either 1st Balsamica or 2nd Resolventia, &c. He endeavours to explain why: "uterus ut plurimum delectatur foetidis" (sc. remediis), and why "suaveolentia et moschata — consequenter quietos turbant et symptomata hinc excitant hysterica" (122). Further, "Videmus idem in hypochondriacis (et scorbuticis), quod a moschatis et volatilibus aliis sæpe lædantur magis quam confortentur." Here the

question is not of Musk but of Musk-like remedies in general ; how then can from this passage be deduced symptoms from the use of Musk in the healthy ?

Hahnemann displays here a contempt for his readers, bordering on insult, he speculates on the difficulty of referring to the passage.

William Cullen, *Treatise on Materia Medica*, translated with notes by Sam. Hahnemann, Vol. II. p. 644. "Musk." "If given in large doses it generally causes sleep (129, confirmed by Jörg), and almost as certainly causes profuse perspiration (145). It may, therefore, be rightly regarded as a diaphoretic," &c. Not the slightest allusion here to experiments on the healthy.

A still graver censure must be passed upon the following symptoms, 46, 48, 57, 61, 120, out of *Nova Acta physico-medica Acad. Cæsar. Leopoldino Carolinæ naturæ curiosorum exhibentia Ephimerides*, Norimbergæ, MDCCLXX. There at p. 259 and 260, Observatio LII., Dr. D. Frid. Simon Morgenstern (not Morgenbesser), "de Moschi virtute interna in deliria ex spasmodicis abdominalibus."

A Widower, aged 40, slim, somewhat stupid, not often ill, but accustomed to be bled, had some years ago once a threatening of hæmorrhoids, and was much given to the use of spirituous liquors. Soon after a sudden and unexpected fit of anger he drank some cups of coffee, and then apparently (*ut.ominor*) sought consolation and help in whisky. "Non multo post cardialgia angitur (symptom 48) quæ cum tam atrociter cruciat, ut ad hos cruciatos motus epileptice (?) accedant. Quum hi fuerint sopiti vomitus (symptom 46) diarrhœa (symptom 61) et tam grave delirium sequuntur, ut custodibus multum negotii fecerit." On the 14th day the writer was called in, hitherto the treatment had been a venesection, blisters to the calves, emollient and antispasmodic clysters, together with "remedia temperantia atque emulsiva cum aliquot camphoræ granis." Sleeplessness, constant chattering delirium (*del. tremens potatroum ?*). In the very short cessations of his delirium he complained "de dolore circa umbilici regionem" (symptom 57). Eight grains of Musk and 1 grain of Camphor made into a

bolus with conserve of roses, were given every 8 hours. Between times the emulsion. The patient recovered after 5 doses of Musk.

How can the above symptoms be ascribed to the Musk? Is it possible to suppose that Hahnemann attributed them to the Musk? How can one express oneself so as to avoid the word "falsification"?

After a long search, which is not so easy a task in a quarto volume of 224 pages written in Latin, but which might have been spared if Hahnemann had but given more distinct indications, I find in the *Historia Moschi ad normam Academicæ naturæ curiosorum conscripta a Luca Schröckio. Luc. fil. ret. August. Vindel. A. O. R. cId, Ico LXXXII. Cap. XVII. "de incommodis Moschi,"* p. 93. Symptom 12, "In specie calidum offendere caput ac dolorem excitare Rhasis, Sim. Sethi, Jac. Sylvii aliorumque est—opinio!!"

The celeberr. D. Guern. Rolfincius is also cited in the same place, as having ascribed to (the strong odour of) Musk the power of causing headache.

Further, p. 94, "Et Rob. Boyle hominem egregium firmæ sed perquam sanguinæ temperici se novisse ——— scribit, qui violentos ex odore Moschi percepiat dolores, eundem ad functiones subeundas aliquo modo ineptum reddentes" (sympt. 13).

Sympt. 35, "Generosus sexagenario major, ex Moschi vel levi etiam odore statim de capitis dolore, non sine narium hæmorrhagio leniendo, conquerebatur."

Sympt. 68, "Brings on the catamenia," seems to be an abstract from pp. 96 and 97 of the same chapter, where "uteri sic dicta suffocatio" is attempted to be described, explained, and its scientific foundation given. The whole is very theoretical and now of but little interest, so we may pass it over.

Sympt. 122, "Hysterical symptoms." This should be erased as unmeaning and vague in spite of the names of Wedel, Senert and Sylvius, which are adduced in order to support it.

Sympt. 126, p. 94. A celebrated painter, who suffered from a "nativa capitis debilitas," was by the smell of Musk affected with headache, "non sine lipothymixæ præludiis."

Sympt. 142. That Musk causes heat is mentioned in several VOL. XXII., NO. LXXXVIII.—APRIL, 1864. N

places, *e. g.*, pp. 97, 94, 93, &c. There is, however, no question of physiological experiments, rather is it given as one of the phenomena enumerated from p. 93 to p. 100 as “*incommoda Moschi* ;” the others mentioned, *e. g.*, “*catarrhos suscitare*” (p. 94), “*paralytica affectis et tremor*,” “*vertigo et κατάρσεια*,” p. 95, and several others, are for some unknown reason rejected by Hahnemann.

I do not think I can be mistaken if I pronounce all these symptoms to be valueless.

*Philippi Jacobi Pideritii Pharmacia Rationalis*, has contributed 4 symptoms, viz., 66, 116, 143 and 145. I have the Editio tertia, denuo aucta et emendata Casellis, MDCCXCI., from the Grandducal Library in Darmstadt, before me, and I find symptom 66, p. 68 of the work in question, indicated as its source. But at that place the subject is “*Roob juniperi*,” moreover, Par. 630, No. 210, is about *R. Sambuci*, and lastly No. 24, about “*Botulæ berberum*,” but nothing about Musk. The Index, p. 399, refers for *Moschus moschiferus* to p. 58, where 8 lines are devoted to some pharmacological notices of it. I cannot find a syllable about the action of Musk. But as Tralles, who is already favourably known to us by his work on Opium, in the German translation of that work by M. H. Mendel, Breslau and Leipzig, 1804, speaks with much approbation of Pideret (Introduction pp. 8 and 9), and as he cites especially the *Pharmac. rationalis*, p. 267, it appears to me from this that another work by Pideret, with this title, must exist, but I am unable to lay hands on it.

I proceed to the analysis of the 4 symptoms taken from “*Friederici Hoffmanni Medic. Rationalis Systema*,” Tom. III., Edit. II., Halæ, Magdeburgicæ, 1732. Hahnemann refers symptom 77 to p. 92 of the third vol.

In the edition in question there occurs at p. 90, § 10, on the action *minimæ molis materiæ*: the effects of tobacco-smoke and then the “*effluvia quamquam sint stupendæ exiguitatis ex moscho, zibetho et floribus jasmini*” and of these in general, especially in the case of women “*cujus nervi enormibus anomalis contractionibus assueti sunt*,” the following symptoms are related :

Symp. 77. "Pectoris oppressiones et spirandi angustias."

Sympt. 120. "Convulsions" (not explicitly mentioned, but still deducible from the description).

Sympt. 125. "Syncopen interferendo."

Sympt. 149. "Graves anxias."

Here again there is mere general mention of the chief phenomena which strong "suaveolentia" are apt to produce, but nothing like an observation respecting the pure action of Moschus. The observation that follows immediately afterwards is interesting, namely, that these and similar "horrenda symptomata *foetido* naribus admoto vapore miraculi instar sisti possunt."

But for the value of the 4 symptoms in question, I must refer to what was said above respecting Wedel's symptoms.

The above mentioned B. L. Tralles wrote a work, *De Moschi laudibus et abusu*, Vratislav. 1783, whence are taken six symptoms, viz., symptoms 6, 11, 15, 79, 81 and 128 of the so-called *Pura Materia Medica*.

I have not the original by me, but I have the German translation of W. H. Mendel, medical practitioner and accoucheur in Breslau, who has added to the text a series of valuable annotations, and has likewise contributed an excellent preface. I would request those who view with displeasure my efforts to purify Hahnemann's *Pura Materia Medica*, regarding them as incompatible with the respect we owe our master, to see the value of such labours from what this preface says. One passage will suffice.

"Truly it has always been more advantageous to apprehend the particular details that go to make up an empirical science, to give it a *real* foundation by their means, to secure its *internal* stability, than to supplant one brilliant theory by another, to conjure up a new system on the ruins of an old one. The greater the accumulation of data in an empirical doctrine, the more certain is its progress, the surer is its gradual rise to perfection."

Now let us examine Tralles's symptoms.

Sympt. 6, "Cerebral stupefaction." Tralles c. 8, c. V. 4. Observation, p. 47, "By the accumulation of the mass of



humours that are not easily moved, a disagreeable *weight* of the head and *intoxication* must necessarily be produced."

Sympt. 11, "Confusion of the head as from intoxication," is very like the preceding and indeed derived from it. So also is

Sympt. 15, "Weight in the head."

Sympt. 79, "Compression of the chest." Besides the title of the above-mentioned V. chap., 4th observation, which says briefly, "It (Musk) causes further accumulation of blood in the chest and anxiety," I can find in the work alluded to nothing to justify this symptom. This also is the sole authority I can find for symptom 81, "Fulness in the chest."

Sympt. 128, "Drowsiness (coma);" no doubt this effect is in several places ascribed to Musk by Tralles, but he nowhere states it to be the result of physiological experiment. The intelligent translator of Tralles's work rightly observes (p. 59, note), that Tralles, who had a prejudice in favour of Opium and against Musk, ascribes also to the internal employment of Musk the same effects that its smell produces on hypersensitive females. In the same note he brings evidence to shew that 1st, the number of such "hypersensitive females" is not so great as Tralles would have us believe; that 2nd, it is wrong to assume that the same effect would be produced by taking Musk into the stomach as we observe from the inhalation of its odoriferous exhalations.

From all this it is clear that the symptoms taken from Tralles cannot stand the test of fair criticism, and ought not to have a place in a truly *pure* Materia Medica.

As Tralles in this work on Musk, as in his book on Opium, quotes largely and literally from a considerable number of authors, partly favourable partly adverse to his own views, we are enabled to examine in Tralles a number of the symptoms taken from other authors.

1.—Boecler, see symptom 35, Annot. ad Hermannii Cynosmat. med. p. 40, "Epistaxis is apt to follow the use of Musk."

2.—Boerhaave, see symptom 121, "The most violent convulsions in women and men." B. says, "Musk can excite the nerves to such a degree that as soon as it is smelt, the most

violent spasms are excited not only in women but also in *hypochondriacal* men." (Tralles, p. 22.) Certainly a most careful abstract of the symptom by Hahnemann!

3.—Cartheuser, see symptoms 1, 12, 125, Tralles, p. 52.—Cartheuser has observed that Musk independently of any hypochondriasis, by the great afflux of blood and other humours very often causes headache (12), vertigo (1), and syncope (125), especially in full-blooded subjects.

Sympt. 149, "Great anxiety," see Tralles, p. 22, "from the smell of Musk in hysterical ladies."

4.—Cranz, see symptom 10, "calls Musk a strong head-affecting medicine." Tralles, p. 51. A vague expression as is also symptom 10 in Hahnemann.

5.—Fuller, (see symptom 125), says "that women, who are subject to hypochondriacal suffocation, become suddenly faint on smelling Musk or Civet." Tralles, p. 139.

6.—Loeseke, (see symptom 142), says "that Musk must be regarded as a really irritant remedy, which by its irritation much increases the movements of the heart and arteries." Tralles, p. 28.

Under the same symptom Hahnemann refers to Robert Whytt, who "acknowledges that Musk irritates, but less than castor." Tralles, p. 27.

7.—Mead, (see symptom 125), maintains that Musk produces an extraordinary reviving effect on many, "but we meet with many others on whom Musk and Civet produce a prostration amounting to syncope." Tralles, p. 138, comp. Fuller.

8.—Murcurialis, (see symptom 36), "assumes rather too much from its internal use, from the circumstance that when it is snuffed up pure into the nose, epistaxis immediately ensues." Tralles, p. 29.

Riedlin, (see symptom 124), "mentions the case of a man ——— with an excellent constitution, who after using a medicine that contained Musk and Ambergris was attacked with fits of hysteria precisely similar to those females are subject to." Tralles, p. 143.

10.—Sanctorius, (see symptom 25), "maintains that the

irritating smell of Musk causes congestion to the head." Tralles, p. 50.

11.—Sennert, (see symptom 122), confesses "that daily experience shews that when Civet, Musk, Ambergris, and the like are brought under the noses of hysterical persons, they get the fit, or at least when it does come it is a violent one, but that the fit is relieved when these substances are applied to the genitals (!) and foetid substances to the nose." Tralles, p. 131.

As an authority for the same symptom J. Sylvius is also named. I have not got his work, *Meth. Medic. Comp. et Simpl.*, and Tralles does not refer to it.

In the additions and corrections of the diligent translator, Dr. M. H. Mendel, there is another series of accurate quotations whence I extract the following :

Sympt. 119, "Tetanus," Tralles, p. 171. Medicus in that place makes the very true observation that Musk being a very active substance can do much harm if employed incautiously. He relates a case of mania that had lasted four days, when after several strong doses of Musk the body became stiff.

What a stretch of imagination to deduce from this the symptom "Tetanus" of the *Pure Materia Medica* !

Sympt. 147, "Perspiration without heat," Tralles, p. 35. "Reil remarks that after the perspiration caused by Musk the patient feels relieved."

Sympt. 67, Tralles, p. 46, note. "Weikard gave to an octogenarian, for weak sight, which he attributed to his age, a few doses of Musk. For the previous three years the old man had never had sexual connexion, and during that time the penis had become so small and retracted that he thought it would disappear altogether. To his great joy (!) the old gentleman now remarked that after taking the Musk his penis suddenly attained its former size."—Well, we congratulate the old gentleman !

I cannot obtain access to the sources of the following four symptoms, viz., 113 ; 125, for which Pelargus is the authority ; 136 and 146.

Before concluding my labours, which may possibly not be resumed, I may be allowed to add a few remarks. I am sorry

to say I cannot call the preceding critical investigation a pleasant and encouraging task. Of all the symptoms in the *Pure Materia Medica* ascribed to Musk, criticism can allow but few to be reliable; most of them should be rejected at once, and not a single one of them fulfils the requirements of the present condition of science.

We might be disposed to inquire how it is that Hahnemann, who professed to attach such great value to human life, and who insists so much on sure reliable knowledge of the action of medicines, could set such a very bad example? Perhaps the answer to this question will appear when a few more remedies have been examined in the same manner.

If Hahnemann's whole account of Musk must be rejected, it will follow that all those histories of cures, where Musk was employed after Hahnemann's indication, must be in the meantime regarded as doubtful and proving nothing.

It is not my intention to present a new proving of Musk, I consider our knowledge on the subject insufficient for the purpose, and I believe that the examination of its physiological effects must be left to a better informed future.

The above evidence will suffice to convince my colleagues how indispensably necessary is an accurate, strict revision of the whole *Materia Medica Pura*; we see such a mass of deceptions accumulated on homœopathy, that we must fear that the whole may be thereby overwhelmed and the truth in it positively endangered. Therefore I conclude with the reiterated request: Let every homœopathic physician who has at his command a large library unite with Dr. Roth and myself in the endeavour to purify the *Pure Materia Medica*.

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## WHAT IS THE STATE OF THE BRAIN IN SLEEP?

BY DR. MCGILCHRIST.

It is remarkable, considering the progress claimed for modern Physiology, how little has yet been determined with precision in answer to several questions, of which this is one. There is something about sleep, familiar as it is to everybody, which is

still perplexing, if not mysterious. Several definitions have been attempted, none of which, so far as we know, are of any real value as explanatory of the intimate nature of the state we call sleep. In such definitions the psychological notions current on the subject have generally been mixed up with its presumed physiology; and theories of sleep have evidently been adopted, not because they were suggested by purely scientific analogies, or accorded with the simple teachings of experience, but mainly because they conformed to certain favourite metaphysical creeds. Even those notions of sleep which are founded on experience, so called—*i. e.* individual experience—are mostly psychological; and the sleep-experiences of differently constituted individuals doubtless must differ, not to the same extent, perhaps, but much in the same way as their waking experience; and thus experience ever must furnish very different notions to different observers.

Again, sleep, as Sir Henry Holland has well said—"is not a unity of state, but a series of fluctuating conditions;" and it may therefore be a question, which condition or phase of it is to be considered as the typical one. This author, Sir H. Holland—in his *Essay on Sleep*—in his "Chapters on Mental Physiology," has devoted more special attention to the subject than it has generally received from physiological writers; but his point of view is chiefly psychological, and therefore too general. "Sleep," says he, "in the most general and current sense of the term, must be regarded not as one single state, but a succession of states in constant variation. We thus associate together under a common principle all the phenomena, however remote and anomalous they may seem,—from the bodily acts of the somnambulist—the vivid but inconsequent trains of thought excited by external impressions—the occasional acute exercise of the intellect, and the energy of emotion—to that profound sleep in which no impressions are received by the senses, no volition is exercised, and no consciousness or memory is felt on waking, of the thoughts or feelings which have existed in the mind. Instead of regarding many of these facts as exceptions and anomalies, it is sounder in reason to adopt such definitions of sleep as may practically include them all." That

this is a correct view, so far as it maintains that sleep is not a simple or single condition, but a succession of ever varying states, more special evidence certainly goes to show; but otherwise such a deliverance, which does not amount to a definition of sleep, sheds little or no light on its phenomena.

It would almost seem that the investigation here, as elsewhere in questions of a mixed bodily and mental significance, has begun at the wrong end—at the metaphysical or so-called philosophical end; and perhaps this may explain why the subject still retains something of its old theoretical perplexity. We certainly want to know better what its anatomical and physiological relations are, to determine the physical conditions which influence, or are concurrent with, the functional manifestations of the cerebral organ through which the phenomena in question are exhibited; we want, in a word, an anatomy and physiology of sleep and dreaming which shall supersede the extant psychologies and hypotheses. Some comparatively recent contributions, including Sir Henry Holland's essay, have certainly been made in such a direction; of which, perhaps, the able paper by Mr. Durham,\* published in Guy's Hospital Reports, is the best representative example. Dr. Carpenter has assisted us, in his authoritative text-book, to a physiology of sleep of a very fragmentary description, and which, as we propose to show, is of no value; and Sir Benjamin Brodie has virtually pronounced any such physiology to be hopeless. "It is plain," says he,† "that in some respects the condition of the nervous system must be different during sleep from what it is when we are awake; but it seems impossible that we should know in what the difference consists, when we consider that neither our unassisted vision, nor the microscope, nor chemical analysis, nor any analogy, nor any other means at our disposal, enables us to form any kind of notion as to the actual changes in the brain or spinal cord on which any other nervous phenomena depend." But, as Mr. Durham has shown, several of the very means of investigation Sir Benjamin here so dolorously despairs of, are capable

\* *The Physiology of Sleep.* By Arthur E. Durham. In *Guy's Hospital Reports*. London, 1860.

† *Psychological Inquiries.* Part I.

of being turned to more or less account in this inquiry. Mr. Durham believes, "that the examination of the living brain (in the way afterwards described), together with the careful consideration of certain obvious analogies, may do much towards enabling us to penetrate the mystery of the subject, and to advance some steps in the right understanding of the true nature of sleep, and of some other conditions of the nervous system."

Before noticing Mr. Durham's paper further, we must advert to certain points of a general kind.

Upon the question as to the total abeyance of *consciousness* during sleep, writers have differed; but the weight of authority is in favour of the belief, that during sound sleep we are necessarily and utterly unconscious; that the functions of the brain proper—the cerebrum—are then completely suspended; that dreaming is a mark of imperfect sleep; and that even the sensory ganglia and cerebellum, though not so invariably and certainly, are "at rest," as Dr. Carpenter puts it; the medulla oblongata and spinal cord alone being in a state of functional activity during true or sound sleep, "In ordinarily profound sleep," says Dr. Carpenter,\* "which is a state of complete unconsciousness, it is evident that the cerebral hemispheres and the sensory ganglia are at rest, as the cerebellum also may be said to be; but the medulla oblongata and spinal cord must be in complete functional activity."

According to this doctrine, a man soundly asleep is reduced to his organic or vegetative functions—very much, in fact, to the condition, so to speak, of a sensitive plant. His head is, as it were, cut off: he goes on breathing and digesting, but is otherwise so nearly inanimate as to justify the fabulous analogy which makes sleep twin-brother to death. It necessarily follows, as Dr. Carpenter goes on to affirm, that between coma and sleep there is something more than an analogy. "The same is the case," he says, "in profound coma, resulting from effusion of blood, or from narcotic poisons, but not affecting the power of breathing or swallowing." But there are good grounds for believing that such a doctrine is erroneous. In reference to the interesting analogy between the dreams of natural sleep and the

\* *Principles of Human Physiology*. 3rd. Edition, p. 877.

waking visions produced by narcotics,—in an article on *Narcotics*, in the January No. last year of this Journal,—the present writer alluded to such an opinion in a passage which may be here appropriately transcribed.

“He (the observer then under review) appears to have followed Dr. Carpenter in his rationale of dreaming, holding that it is a mark of imperfect sleep, and that in perfect or normal sleep the cerebrum, as well as the sensory ganglia, are in a state of complete functional inactivity. Touching the cerebrum this may be disputed. It does not follow that though we may, after sound sleep, be unable to recal them, there were no *ideas* floating about, so to speak, in that region of ideas, the cerebrum, whilst we were unconscious to external impressions. If the cerebrum be the organ concerned in the formation of ideas, and if its ganglionic cells are, as we have reason to believe, specially concerned in the elimination of mental processes, you must prove that these cells cease their otherwise ceaseless action before you can show probably that the cerebrum is devoid of functional activity, to the paralysis of all formation of ideas, however vapoury, during sound sleep. Moreover, the total suspension of action in the ganglionic cells of the cerebrum would, perhaps, involve more, the brain being a highly complex organ, nicely and intricately related to other parts of the nervous system. If our latest analogical idea concerning the cerebral ganglia in particular, and the nervous system in general, be founded in fact,—if they constitute a great glandular apparatus which secretes from the blood, through the cells composing such apparatus, the nerve-force—then it may well be held, in opposition to the view of Carpenter and the text-books, that the generation and transmission of this nerve-force, including the *mind-force* of the cerebrum, are never, however modified in action, wholly suspended, but that they must be, whether we can trace them or not, continuous and uninterrupted during life, like other secreting action.”

Such, we conceive, is the more rational view. It is not consistent with the known facts of the functional processes as a whole, to make such a sweeping exception to them as is implied in the abrogation of all functional activity of the brain during,



perhaps, an entire fourth part of life; for a third of human life on an average is passed in sleep, and we may assume a fourth or fifth part of life in sound sleep—that is, taking men of all conditions of life into the account. Again, to draw an argument from “imperfect sleep,” of which dreaming is held to be a mark, it can be fair only after it has been determined what are the conditions and limits of imperfect sleep. Many a man has awaked refreshed and invigorated from a short sleep, which has been not unvisited, as he remembers, by one or more distinct dreams; such a sleep, having seemingly answered its legitimate purpose, proved to him restorative. On the other hand, from a more profound sleep unvisited, so far as they can recollect, by any distinct dreams, others have awakened not so much refreshed and invigorated—perhaps rather heavy and listless. Are we, therefore, to conclude as to the latter case, that the brain was totally inactive? or how, on the received doctrine, are we to explain the different waking results of two such sleeps? Without the doctrine, they are readily explicable on other grounds; with it, they are not explicable at all. We are told that dreaming occurs only between sleeping and waking; but, after all, this is only a convenient hypothesis in explanation of the fact that it is only sometimes we can recal or recollect our dreams. That the commoner sort of dreams do occur in this state chiefly it seems tolerably certain, and receives confirmation from what takes place in that state of “continuous dreaming” as it has been called, when faded photographs, so to speak, of past events, or compilations of strange picture-scenes, suggested or distorted by the memory, arrange themselves consecutively before the mental vision. In this state the *will* only is in abeyance; volition is suspended; but consciousness and sensation are awake, and only directed—in the temporary absence of the suspended will—inwards to the mind’s workings, rather than outwards to external objects. Such a condition is more properly that of imperfect waking than imperfect sleeping: it is, in fact, allied so closely to as to blend sometimes with “day-dreaming,” or the ordinary forms of reverie. It is of this form of dreaming alone that, as we conceive, the remark Dr. Carpenter applies (in the passage already quoted) to all dream-

ing, to dreaming *as a state*, really holds good, when he says:—  
“The states of dreaming and delirium, and many forms of insanity, have considerable analogy with each other; especially in the absence of the power [the volition] which is so characteristic of the well-regulated mind of man, of controlling and regulating the current of thought. One idea calls up another, according to their previous associations; and the most incongruous combinations are frequently the result; but it will generally, if not always, be found that the ideas themselves have been previously in the mind, and that no entirely new train of thought is started. Of the degree in which, when the mind is thus closed to the external world, the hidden stores of memory are opened to its search, many very curious instances are recorded.”

That this is true of a certain form of dreaming we of course admit: it is the application of it to dreaming *as a state* which we consider unscientific and untenable. How is it thus, or otherwise, shown that the natural “states of dreaming, and delirium, and many forms of insanity, have considerable analogy?” What we claim for the cerebral, in common with every other secreting organ, is *continuity of function*. This continuity of function forbids us to believe that the prevalent physiology of sleep can stand its ground. It forbids us to believe, in the first place, that because a man cannot, after sound sleep, recal his dreams, therefore the cerebral functions are wholly paralyzed during such sleep, and the man reduced, for so long, to a merely vegetative condition.

That such continuity of function is liable to periods of fluctuation, of apparent interruption, is not at all peculiar to the brain; it is in accordance with what occurs in every other organ of the body, and in every tissue even, the office of which is vital and not merely mechanical. Every such organ has its periods, however various they may be, of action and rest—not such “rest” as Dr. Carpenter makes synonymous with entire abrogation of function, but such merely as implies sensible diminution of functional activity; and that, doubtless, in accordance with the law of waste and repair of tissues. The heart, by whose action the circulation is mainly carried on, works by

systole and diastole, by alternate periods of action and rest. The pulmonary inspiration is followed by the expiration, during which all the parts concerned in the complicated first act—the thoracic muscles and their nerves, and the diaphragm—partake of what is equivalent to a brief repose. Muscular action of almost any kind, if continued at a strain in any one direction for more than a certain number of minutes, demands relaxation for its renewal. These are examples of the quickly alternating recurrence of action and repose in vital organs which are non-secreting. But in the secreting organs proper—in the liver, for instance, or the kidneys, or salivary glands—we have undoubted evidence of analogous or similar functional alternations; only in these the periods of activity and repose are less obviously marked, less patent to superficial observation. Occurring more slowly, seemingly irregularly, and at wider intervals of time, they nevertheless do occur in a certain order. The liver is not always equally active in the elimination of the bile, nor the kidneys of the products of urine from the blood; in other words, their functional manifestations are more or less periodic. Such secreting organs are much more complicated as to structure than organs composed mainly of muscular fibre, whether voluntary or involuntary; and much in proportion to the complexity of their structure and relations, seem to be the length and comparative irregularity of their alternating periods of secreting action and repose; such action being sometimes (in special circumstances) violent and spasmodic, oftener (in ordinary circumstances) moderate and more continuous, but never entirely in suspense. Now, placing the brain in the same category, viewing the cerebrum specially, and the entire encephalon generally, as a series of associated secreting glands, characterised by great variety as to function, but differing from the other great secreting glands mainly as to their high organisation and subtlety of structure, and, in functional accordance with such superior and intricate structure, in the higher nature of their secreting endowments—we find what the analogy warrants us in expecting, viz., that the brain also exhibits its functional periodicity; that it has its alternating periods, naturally regular if not interfered with, but more or less irregular if subject, as in

fact they are in civilized life, to artificial interferences of action and repose. And in proportion to the complexity of its structure, and the subtlety of its secreting endowments, are we prepared to find the length of the periods of its natural action and rest, and the intensity of such action and the profundity of such rest. But we are not prepared to find, and have not any good evidence that here, any more than in the less highly organized and endowed secreting organs, there is ever entire natural paralysis of action or abrogation of function.

The brain, then, is no exception to that rule which applies to every other organ of the body. It, too, obeys the law which decrees that the health of a part, and in the end its very vitality, depends upon the maintenance of a certain balance of waste and repair, which, though it may admit of derangement up to a certain point without resulting in loss of vitality or death of the part, never does so with entire impunity. It is evidently in subordination to this law of continuous and alternate waste and repair, that the contemporaneous law of functional periodicity—which in the great secreting organs works by comparatively slow and lengthened periods of action and repose—operates; and it is doubtless by the combined action and reaction of these two physiological laws, that the processes of growth and nutrition, of cell-elimination—that the special functions of organs, in a word, are maintained—subject to vicarious and other alterations under pathological pressure—so long as life lasts. This, then, is the physiological reason and purpose of sleep. During full action there is waste going on, or at least occasioned, of the material substance entering into the formation of every brain-tissue; during repose the waste is directly, or indirectly, repaired. Temporary inaction, or subaction, is, therefore, necessary to perfect repair. This, we repeat, is the physiological meaning of sleep; and the psychological and metaphysical views of sleep and dreaming, which do not recognise this, are delusive.

There is, however, another consideration which must be taken into account in our estimate of the action and reaction of these two laws as they operate cerebrally, and which is calculated to throw physiological light on certain of the seeming irregulari-

ties and vagaries of sleep and dreaming. As already remarked, the brain, considered as a whole, is a vastly complicated organ : it is made up of parts which, though they are interdependent in the phenomena to which they give rise, are, nevertheless, differentiated as to function. We know, for instance, that the nervous masses at the base of the brain, classed indiscriminately as the sensory ganglia, subserve different purposes, though, speaking generally, they may be held concurrently to act as centres for the reception of sensation, and indirectly—with the aid of the spinal cord—the performance of muscular movements. In the order of development, the cerebrum, or brain proper, and the cerebellum—(the particular functions of the latter still undiscovered)—are ganglia superadded to the sensory. Whatever be the special functions or uses of the cerebellum, the function of the cerebrum is certainly the formation or elimination, the secretion actually, of ideas ; in other words, it is the special organ of thought and intelligence. Here, then, another sub-law comes into operation. This law, which is that of the *differentiation of cerebral function*, cannot antagonise, but it may modify, the law of functional periodicity, in its relations to the more general law of continuous and alternate waste and repair. Different parts of the encephalon, whether of the sensory ganglia or of the cerebrum, may be in different conditions at the same time. One part—one or more of the sensory ganglia, or one hemisphere, or one lobe, of the cerebrum—may be in a state nearly approaching to perfect repose, whilst another is partially at rest, and a third in a state of activity. Thus, many of the seeming inconsistencies, the vagaries, so to speak, of sleep, admit of ready physiological solution. The condition of the sensory ganglia being not uniformly one of repose during any given sleep—(the *Thalami optici* and *corpora striata*, which are the most intimately connected with the cerebrum, being, let us suppose, in a more active condition than the *optic ganglia* or *tubercula quadrigemina*, which come next in order in the varying intimacy of this connexion)—abnormal or confused and blended sensations must ensue ; and these will be propagated to the cerebrum, through which—if reciprocated there, either wholly or partially—the

sleeper will experience them accordingly. As to ideas themselves (thus or otherwise stimulated), the nature and direction of these will depend, doubtless, more or less on the presence or absence of a similar uniform state of repose in the cerebrum; for, although the cerebrum is to be viewed, in its relations to the sensory ganglia, as itself a single ganglion, one cannot doubt—even though we should hesitate to accept, in the mean time, a stereotyped cranioscopical phrenology—that it, too, is more or less minutely differentiated as to its thought-functions.

The next part of the standard doctrine on the Physiology of Sleep, involves a consideration of the cerebral circulation. The doctrine in question is to the effect, that during sleep the brain as a whole, but the brain proper, the cerebrum, especially, is in a state of “passive congestion.” There may be appearances which, on superficial view, seem to favour this notion. As we observed in quoting the words of Dr. Carpenter, it accords well with, if, indeed, it does not follow from, the view which represents sound sleep as a state of profound unconsciousness; but in doing so it necessarily goes farther, and brings sleep within the category of states *pathological*. Accordingly, its advocates must admit, with Dr. Carpenter, that between *coma* and sleep there is something more than an analogy. A brief consideration of some points connected with the cerebral circulation in the active or waking state, will assist in enabling us to estimate such a doctrine at its true value.

Here as elsewhere—in the pulmonary circulation markedly—a chemical element enters into the phenomena. As by means of the capillaries spread out on the air cells of the lungs, the oxygen of the air, meeting the venous blood, gives rise to a certain chemical combustion, whereby water and carbonic acid, the effete products (the smoke, we might say) of such combustion are evolved;—so, recent investigations go to show, there are going on concurrently with, and more or less in proportion to the brain’s functional or waking activity, chemical changes which essentially consist in an oxydation which has for its effete products, through the surface capillaries, certain portions of the

brain-substance ;\* so that a large and rapid supply of arterial or oxygenated blood is to the brain—its surface or grey matter especially—what a free supply of air is to that lamp or furnace of the body, the lungs. As, again, during rest and sleep the pulmonary capillary circulation becomes slower, and the chemical combustion, which is its sign or significance, less complete ; so the same holds good of the corresponding cerebral circulation. The stimuli of waking life and action rouse the pulmonary circulation ; the freer the supply of oxygenated air, and the more rapid the breathing, up to a certain point, (beyond which, doubtless, congestion sets in) the fuller and swifter becomes the circulation in the net-work of capillaries spread out on the pulmonary air cells, and the more complete the combustion or evolution of water and carbonic acid from the systemic circulation. The same causes give rise to the same phenomena on the surface of the brain. “ When the brain,” (says Mr. Durham, in the paper referred to), “ is stimulated—by whatever cause—to action, its affinity for oxygen is increased, or at least is especially permitted to come into play. The *vis a fronte* thus developed causes the oxygenised blood to be drawn very rapidly onwards. The increased afflux of blood produced, necessarily distends the capillaries by mechanical action. Many vessels which during the unstimulated state of the organ, admitted only the liquor sanguinis, now permit the passage of oxygen-bearing corpuscles, while those through which corpuscles previously passed, now admit them in vastly increased numbers. The quantity of blood and its velocity are both increased. The ‘ circulation of function’ becomes established, and the most favourable conditions for the mutual reaction of oxygen and tissue are supplied. the *vis a fronte* undergoes a corresponding diminution, and the blood that flows onwards is lessened both in quantity and velocity. Again, when the stimulus to oxygenation of tissue is diminished, as a necessary consequence, the capillaries (no longer subject to a strong distending force) resume, in virtue of their elasticity, their original dimensions. The ‘ circulation of nutrition’ super-

\* It is peculiar to the brain that *phosphorus* enters into the composition of its surface or grey matter, and is, therefore, a chemical element in this cerebral combustion.



venes, and the conditions most favourable to a repair of the tissue are supplied."

Here, then, we have, through the circulation, corroborative evidence of the ceaseless operation and fundamental consequence of that law of alternate waste and repair which, as we remarked, is the physiological key to the meaning of sleep. There are two alternating conditions of normal cerebral circulation: The one, the *circulation of function*, is characterised by a full and rapid capillary flow, and a correspondingly active oxygenation and consequent disintegration of certain portions of the phosphorized grey surface-substance of the brain; in the other, the *circulation of nutrition*, characterised by an opposite or diminished and slow capillary flow, such oxydation and disintegration are in abeyance. Thus, both in the periodicities of its function and the alternations of its circulation, the brain offers a distinct parallel to the lungs: the thinking apparatus and the breathing apparatus work, so far, after the same plan. In a word, there is nothing in the difference between the cerebral circulation awake and the cerebral circulation asleep, which cannot be predicated (*mutatis mutandis*) physiologically of the pulmonary circulation also. Yet, looking at the latter, no physiologist would affirm, that during sleep the lungs are in a state of "passive congestion."

There is doubtless a peculiarity, which has given rise to some discussion, as regards the cerebral circulation as a whole. The encephalon differs from the lungs markedly in its surroundings, being contained in an unyielding bony envelope, the skull; and in so far as the varying activity of the cerebral circulation seems to necessitate a varying supply of blood to the brain, in accordance with which, it is natural to suppose, the organ itself undergoes rapid and frequent, though not perhaps at any time very great, changes in bulk—the question has arisen, whether we are to consider that the total quantity of blood in the encephalic vessels differs at different times; or whether it is always the same, and merely differently distributed at different times—during different cerebral conditions of waking and sleeping, excitement and repose—between the arteries, capillaries, and veins. The latter opinion has been held by many physiologists,



who assume that the cavity of the skull must always be completely filled. But in the face of a provision which answers to every fluctuation, we need not believe that, in point of fact, the brain, with its membranes and blood-vessels, does ever completely fill the skull. The cerebro-spinal fluid—first described by Majendie, who, by his experiments on animals, demonstrated its office—occupying as it does, more or less continuously, the ventricles and the space between the two membranes of the brain, viz., the visceral layer of the arachnoid and the pia mater, also readily finds its way under the pressure of any presumable temporary increase of cerebral bulk (that is, a distended state of the vessels associated with rapid movements of the blood through them, such as occurs under stimuli of any kind in the waking state), from these cranial spaces into those of the spinal cavity, and *vice versa*; thus affording to the encephalon the condition of nearly or perfectly uniform repletion in every normal case. A full and rapid state of the cerebral circulation, such as is associated with waking and energetic action of the brain, favours absorption, whilst the opposite condition, presumedly present in sound sleep, favours secretion of this cerebro-spinal fluid; and that, doubtless, in accordance with the physical laws of endosmosis and exosmosis. What would probably result from the absence or want of such a compensating or space-balancing provision, is a somewhat interesting question in view of the orthodox “congestion” doctrine of sleep.

“That this uniformity,” (of the bulk of the encephalon) says Dr. Carpenter, “is of the greatest importance to the functional exercise of the brain, is evident from a few well-known facts. If an aperture be made in the skull, and the protruding portion of the brain be subjected to pressure, the immediate suspension of the activity of the whole organ is the result; in this manner a state resembling profound sleep can be induced in a moment, and the normal activity is renewed as momentarily, as soon as the pressure is withdrawn. This phenomenon has often been observed in the human subject, in cases in which a portion of the cranial envelope has been lost by disease or injury.”

If the view here taken of such well-known facts were admissible, it would doubtless go, so far, to the support of the con-

gestion theory of sleep. But artificial pressure so produced on a brain, the subject of disease or accident, does not occasion a state resembling sound sleep, except on the most superficial view of it. Observe the effect of it:—"the immediate suspension of the activity of the whole organ." Now in sleep, however sound, we have seen reason for doubting that there is, or can be, entire, not to say sudden, suspension of the functional activity of the whole organ. Be this as it may, the state produced by such artificial pressure is, we conceive, not analogous to sleep, but to *paralysis*; it finds its resemblance—very imperfectly, indeed, the conditions not being equal—in what takes place sometimes in the popularly so called 'sleep of a limb,' the leading nervous trunk of which—say the sciatic or popliteal in the leg—has been subjected to strong and comparatively sudden pressure along with its accompanying main artery and vein. In both cases, the nervous current (and the sanguineous at the same time) being abruptly interrupted, the nervous energy is momentarily destroyed; and in both cases the state so induced can be quickly recovered from, and as quickly reinduced mechanically. Were the congestion, assumed to be characteristic of sound sleep, the actual consequence of such a pathological experiment, it would still remain certain that it supervenes in an entirely different manner in the two cases—that, in short they are not parallel cases at all. The brain and its membranes, when exposed in the human subject by accident or disease, are not in their normal condition; and artificial pressure from *without* has no vital relation to what goes on from *within*.\*

\* In the natural or normal case of the new born infant, we see the action of the brain varying through the fontanelles. When the child is actively awake and excited, there are slight elevations, and when it is tranquilly asleep, slight depressions of these yielding surfaces. If there be cerebral disease, there is heat of head; the fontanelle becomes more or less prominent and tense, and the pulsations of the brain are felt through it with unusual force. All this is the natural action and reaction of the cerebral circulation in healthy or diseased states, as made visible to the eye unmodified by external interference. But the infant's head, having a yielding envelope, is peculiarly liable to external impressions; and yet we do not find—such exposure of the brain, covered by its membranes, as here occurs being natural and not the effect of accident or disease—that the accidental pressures, &c., to which it is so subject are productive of such an effect—"the immediate suspension of the whole brain," to wit.

Mr. Durham recognising this as a source of fallacy—the human brain and its membranes having always lost more or less of their normal appearance before accurate observations can thus be made—it occurred to him “that the artificial exposure of the brain of living animals might afford opportunity for more definite results;” and he says that “the results were uniform when the necessary and accidental difficulties of the case were successfully overcome.” The following observations on the living brain of a dog are valuable, as affording evidence, as near the normal standard as it seems possible to obtain such, of the relative conditions of the surface circulation of the brain during life, in the waking and in the sleeping states in such an animal, and presumedly, with some not very serious differences as to complexity, in man. We quote from the paper alluded to in Guy’s Hospital Reports:

“A dog having been thoroughly chloroformed, a portion of bone as large as a shilling was removed from the parietal region of the skull by means of a trephine, and the subjacent dura-mater partially cut away. The portion of brain thus exposed, seemed inclined to rise into the opening through the bone. The large vessels over the surface were somewhat distended, and no manifest difference in colour between the arteries and veins could be distinguished. As the effects of the chloroform passed off, the animal sunk into a comparatively healthy and natural sleep. Corresponding changes took place in the appearance of the brain: its surface became pale and sunk down rather below the level of the bone; the veins were no longer distended. Small vessels containing blood of arterial hue could be distinctly seen, and many which had before appeared congested and full of dark blood, could scarcely be distinguished. After a time the animal was roused: a blush seemed to start over the surface of the brain, which organ rose into the opening through the bone. As the animal was more and more excited, the pia mater became more and more excited, and the brain-substance more and more tinged with blood; the surface was of a bright red colour; innumerable vessels, unseen while sleep continued, were now everywhere visible, and the blood seemed to be coursing through them very rapidly; the veins, like the arteries and capillaries, were

full and distended, but their difference of colour as well as their size, rendered them clearly distinguishable. After a short period the animal was fed, and again allowed to sink into repose; the blood vessels gradually assumed their proper dimensions and appearance, and the surface of the brain became pale as before. The animal slept in a perfectly natural manner. The contrast between the appearance of the brain during its period of functional activity and during its state of repose or sleep, was most remarkable."

Several such interesting experiments were carefully made by Mr. Durham, and some of them he rendered still more interesting and instructive by a device which also deprived them further of the pathological objections adverted to as applying to cases in which the exposure of the brain and its membranes, in the human subject, was the result of accident or disease. He "replaced the portions of bone removed (without pain to the chloroformed animal) by accurately fitting watch glasses, and rendered the junction of their edges with the bone air-tight, by means of inspissated Canada balsam." And the different appearances of the brains of the animals so treated, which could thus be carefully and for a length of time observed, through a window in their skulls, as it were, were found to correspond almost exactly with those above described.

These interesting experiments on the healthy living animal, which probably represent the nearest possible approach to ocular demonstration, certainly do not seem to show that during sleep—even sleep of the soporific kind consequent on anæsthesia—the brain is in a state of congestion. One observation in Mr. Durham's excellent description of the appearances thus presented would incline us to think, that if he saw evidence of such a condition at all, it was at least not when the animal was in the state of repose, but the contrary, "When the animal had 'sunk,'" says he, "into a comparatively natural and healthy sleep . . . small vessels containing blood of arterial hue could be distinctly seen, and many which had before *appeared congested* and full of dark blood, could (now in the sleeping state) scarcely be distinguished."

Looking, on the other hand, at the state of the vessels during

the sleep of the animal, we have not here the appearances of any kind or degree of congestion. The fact of the blood flowing more slowly through the vessels then, is not by itself indicative of such a state. If this be assumed, as it would almost seem to be in relation to this question,—if it be argued that because the blood then flows slowly, it may be very slowly, through the arteries, capillaries and veins, therefore the brain is in a state of passive congestion during sleep—we have only to consider what constitutes true congestion, to see at once on what a transparent fallacy the doctrine rests. In true congestion there is, 1st. a preternatural *accumulation* of blood in the part or organ congested. But this is so far from being presumedly the case in sleep, that it would appear (on the evidence of such experiments) that the contrary is the fact. There is, 2ndly, in true congestion *atony* of the vessels; that is, the arteries, capillaries and veins, some or all of them, of the congested part becoming distended remain so, instead of recovering their normal or usual caliber. But this is not the case in natural sleep: Mr. Durham's experiments seem to prove the contrary. On rousing the animal at whose brain he was looking, presumedly through the glass window in its skull, he saw on the surface "innumerable vessels unseen while sleep continued," and "the blood seemed to be coursing through them very rapidly; the veins, like the arteries and capillaries, were full and *distended*." But when the animal was, after a while, again allowed to sink into repose, "*the blood vessels gradually assumed their proper dimensions*." And we have no reason to doubt, that in every case of natural, that is, healthy sleep, this is the condition of the vessels,—not atony, not persistent over-distention, which is characteristic of weakness and congestion; but diminution of caliber corresponding to diminution of flow, which is the tonicity characteristic of healthy circulation.

Finally, according to the most general definition of congestion which can be offered, viz., *local hyperæmia with retarded motion*, the condition of the cerebral vessels thus observed in sleep, corresponds only to one feature of it, and that the less essential—the contingent feature of congestion; and therefore congestion it is not.

On the whole it would appear, then, that the doctrine in question is founded on nothing more substantial than a theory of sleep, and that a crude and superficial one. On general grounds even, there are objections to it which seem fatal. The chief of these, perhaps, which has been already alluded to, may be more explicitly stated thus;—Congestion, whether active or passive, is a pathological condition of the circulation, and therefore more or less incompatible with concurrent general healthy function of the organ where it exists; we should not, therefore, expect to find that normal or healthy sleep should visit that brain and nervous system which was, during the sleeping state, subject to such congestion. And we do find accordingly, that congestion of the brain, which, passive as well as active, is common enough—is invariably attended with symptoms of abnormal function; that the patient, the subject of such congestion, sleeps differently from the healthy patient, and, instead of waking refreshed and invigorated, returns to ordinary consciousness (when he rallies) depressed and exhausted. And here we have the well marked distinction between the congestive sleep of pathology and the normal sleep of physiology, for which we contend. Naturally the doctrine of “passive congestion” has served to countenance that of the necessary abeyance of consciousness during sleep: they accord well with each other, but not according with the analogical facts of physiology, they must together fall.

It will be seen that the question at the head of this paper has not been answered fully; that what has been attempted is rather to determine what the state of the brain in sleep is not, than what minutely it is. It seems to us that little more can be attempted scientifically at present. Doubtless pseudo-scientific or semi-psychological observations, more or less ingenious and more or less ephemeral, will continue to be advanced and expounded; but it may well be questioned whether the phenomena involved in the inquiries of this sort are ripe for systematic solution yet. Before a true physiology of sleep can be explicated, the functions of the encephalon must be better determined, both analytically and synthetically—in each part as well as on the whole. Here much, very much is still wanting. The

general function of the cerebrum is not doubtful; and as to the special offices of many of its particular parts (its lesser ganglia, as we may, perhaps, call the divisions to which the various faculties have been assigned), the phrenologists have undoubtedly established something systematic. But that they even have fallen far short, as yet, of a complete unravelment of its workings is evident, when we consider that the basement convolutions of this grand organ are still, as to cerebral function, a kind of *terra incognita*; and that the two dominating instincts in nature—the *love of life*\* or the instinct of self-preservation, and the sexual appetite or instinct of *generation*—remain cerebrally undetermined. Moreover, doubt hangs over the allocation of the functions of certain of the sensory ganglia;† and those of the cerebellum may be considered as constituting still an almost virgin field for research. The authoritative physiologists, who have rejected the phrenological doctrine as to the function of this the lesser brain, denying that it is the organ of the sexual instinct, have not themselves been very happy in guessing that its sole office is that of regulator or co-ordinator of the muscular movements; a doctrine which is already falling into disrepute. Perhaps it will turn out that the phrenologists were not quite so far wrong as their correctors; and that, after all, this dominating instinct is to be referred to some *part* of the cerebellum—probably, as Serres thinks, to its median lobe. But, supposing this to be the case, the problem still remains to account functionally for the great remainder of your cerebellum.

Such being the actual state of cerebral physiology, it is surely too much to expect that all the phenomena of sleep and dreaming (including the associated phenomena of somnambu-

\* If there be a lobule or organ appropriate to the *love of life*, it is possibly, or even probably, situated—as Dr. Combe supposed, from his *post mortem* and other observations—in the convolutions at the base of the middle lobe of the cerebrum. But at best this is only probable.

† What, for instance, is the office of the *thalami optici*? Dr. Carpenter, in an excellent paper, which appeared in the late *British and Foreign Medical Review*, ingeniously suggests that, as we have olfactive, optic, and auditory ganglia, it is reasonable to expect we should have a ganglion for the formation of the sensations communicated by the nerves of *touch*; and that such is the *probable* function of the *thalami optici*.



lism, mesmerism, and trance) should admit of scientific elucidation yet a while; as, on the other hand, it is equally unreasonable to suppose that, the intimate and individualized nature of the functional endowments on which they depend once ascertained, they can remain enigmatical. So soon as we have a complete cerebral physiology, so soon shall we infallibly attain to a perfect comprehension of all that now seems here wayward and inexplicable. But to interpret the phenomena of sleep and dreaming exhaustively, without having first settled fully or mainly the functional relations and interdependencies of that most subtle confederation of nervous matter, the encephalon—a task which has been not very much more than begun yet—is to play at guesswork mostly; and we may be quite sure, that mere psychological and metaphysical deliverances on such subjects can help us but a very little way in the right direction. It is to Physiology, as the representative science of man, that we must look for ultimate light on these and all other questions of a mixed bodily and mental significance.

The summary of this brief paper may be expressed in the shape of the two following negative conclusions, stating them in the reverse order of their discussion:—

1st. That from a consideration of the cerebral circulation as a whole, and a comparison of it with that of other organs, particularly the lungs, as well as from the most reliable observations which have been made as to the state of the cerebral circulation in the different states in living animals, we must reject the doctrine of “passive congestion” as applicable to normal sleep.

2dly. That from a consideration of that law of the continuity of function, which must be presumed to apply as well to the brain as to the secreting organs of the body generally, we are not warranted in adopting the generally received view of the necessary and total abeyance of consciousness during sleep. It is admitted that Memory seems to abrogate her functions in deep sleep, on waking from which we fail to retrace any trains of thought. Memory is not unnaturally made the test of such sleep, and is supposed to be the great element in dreaming; and we know that ideation is as essential to the workings of



memory as the latter is to the operations of thought. But it does not follow that ideation is abolished during even the deepest sleep, which is normal; although the ideation (the peculiar secretion, as we might almost term it, of the brain proper) may often be too faint to call the memory into such action as it evinces during, and sustains after, the less deep sleep of dreaming. Memory being but *retained idealized impressions*, there is no incongruity in believing that there may be idealized impressions which are not retained; and such we conceive to be the cerebral impressions of deep sleep. On this view it is held, that normal sleep—even when not characterised, as we suppose, by memory—is never without ideation, though that ideation may be faint; and therefore sound sleep is not a condition of complete unconsciousness. Theoretically, this want of *correspondence between ideation and memory*, which never occurs during the waking life of health, but which is more or less characteristic of all dreaming, may serve, in the mean time, as the psychological key to so much of the vagaries of dreamful sleep as is not referable to that physiological consideration already noticed, viz., that different parts of the encephalon, whether of the cerebrum or of the sensory ganglia, may, during sleep, often be in different conditions at the same time.

## ANIMALCULES IN DISEASED BLOOD.

By Dr. ROTH, of Paris.\*

DR. FIELITZ put the following question:—"Or are the Epizootics also the outbreaks of latent Psora?"

He has not attempted to answer his question, nor shall I attempt to give a reply that shall be *generally* applicable; for the pretension to give a *general* significance to individual facts has always proved a drag upon the progress of homœopathy.

I shall only here give an account of a remarkable discovery, which must afford material for many reflexions to those who think for themselves and do not always take their ideas at

\* From Hirschel's *Zeitschrift*, 15th January, 1864.

second-hand. This discovery is not more than a few months old : I can testify to its accuracy ; and science is indebted for it to my friend Dr. Davaine, who announced it on the 27th July last to the Academy of Sciences.

Under the name of *Sang de rate, apoplexie charboneuse de la rate* (in German, I believe, *Milzbrand*, or *Milzschlag*) [English ?] a disease is known in France, which in hot summers causes great devastation among sheep and oxen, and which present the following symptoms :—

The sheep become very restless, the skin and mucous membrane much reddened, the breathing difficult, the urine bloody, the dung soft, covered with reddish mucus. Soon afterwards the animal ceases to eat, remains apart from the flock, breathes with great difficulty, staggers, falls to the ground, passes blood by nose and in the urine, and soon dies.

In 1850, Dr. Davaine had an opportunity of observing this disease in Chartres, whither he went accompanied by Dr. Rayer.

Before that time Dr. Rayer made the experiment of inoculating the blood of an animal affected with this disease, in a healthy sheep. On the third day the inoculated sheep was dead.

Dr. Davaine repeated this experiment in Chartres in the presence of a number of medical men. The result was the same. Several of those learned witnesses repeated the experiment with this difference, that they inoculated cows and horses with the blood of the diseased sheep. In those cases death occurred never later than the third day.

Dr. Davaine examined the diseased blood under the microscope ten hours after death, and found infusoria of the bacteria kind in it. As a counter proof a healthy sheep was slaughtered, and its blood was examined under the microscope ten hours after death. No bacteriæ could be found in it.

As the bacteriæ had been found in an animal that had been already ten hours dead, and as the heat of the weather was great, it was suggested that they were the result of rapid putrefaction in blood that was already in a morbid condition. It was thought that in healthy blood, putridity and the formation of infusoria might not occur within ten hours.

In February 1861, Pasteur astonished the scientific world by his discovery that the fermenting agent in rancid butter consisted of living animalcules. Vibrios had already been discovered in rancid butter, but they had been regarded as the product of decomposition. Pasteur showed that they are the cause of the fermentation, and that they are found even in fresh butter. Thereupon Dr. Davaine thought, might not the bacteriæ seen by him be the cause of the sheep disease? and he waited impatiently for a new opportunity of examining the matter more thoroughly.

Last July, Dr. Diard informed him that the pestilence had broken out among the sheep in a large farm in Dourdan, and that it was committing great ravages. At his request, a small quantity of blood, taken from the diseased sheep, was sent to him by express train. This blood was taken from a sheep in a dying state, and some hours afterwards was examined microscopically. The bacteriæ were seen moving about, but the characteristic smell of putridity was absent.

At the same time (21 July, 1863) some drops of this blood were inoculated upon two healthy rabbits, and a large white rat. Four-and-twenty hours afterwards, not the slightest alteration was observable in any of the three animals. Their blood was microscopically examined, and no infusoria were visible.

But nineteen hours later, consequently forty-three hours after the inoculation, one of the rabbits was in a dying state. An incision was made as quickly as possible in the tongue, the blood was caught and put under the lens; myriads of bacteriæ, like the filaments in semen, were distinctly visible. The second rabbit had no bacteriæ forty-eight hours after the inoculation, but it died suddenly the following day, sixty-three hours after inoculation. Its blood, examined half an hour after its death, was full of bacteriæ, like that of the first rabbit.

The white rat felt nothing; it was once more inoculated with the blood of the rabbit that died first, but on the 28th July it exhibited nothing abnormal.

These bacteriæ presented the appearance of free, round, very thin threads, from four to twelve millimetres long. The longest had one or more usually two hooks, forming an obtuse angle.

Under a high magnifying power, traces of segments are visible. They have no independent movement. When dried, their form and consistence are not altered. Concentrated solutions of sulphuric acid and caustic potass do not destroy them. They are consequently allied to the confervæ.

When putridity commences, the segments become plainly visible. They gradually fall to pieces, and, when putridity is quite established, the segments become quite dissolved.

All this shows a wide difference from those infusoria which are wont to form in decomposing substances, without taking into consideration the fact that they are to be found in living blood, and that the characteristic odour of decomposition was not perceptible.

Since the remotest times, physicians and naturalists have been partial to the theory that contagious diseases, such as epidemic fevers, the oriental plague, &c., were caused by invisible animalcules. Hahnemann ascribed cholera to the same cause. In his pamphlet, entitled *Appeal to thinking philanthropists respecting the mode of the propagation of the Asiatic Cholera*, published in 1831,\* we read—"The cause of this [the spread of cholera] is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction, and attaching themselves closely to him, when transferred to distant and even colder regions, become habituated to these also, without any diminution either of their unhappy fertility, or of their fatal destructiveness."

But hitherto no positive proof has been offered for such notions. At present, but without venturing to draw any conclusions therefrom, we have the knowledge of an undeniable fact, viz., that in the living blood of animals, affected with a pestilence, the cause of which has never hitherto been discovered, living animalcules can be seen under the microscope.

\* Vide *Lesser Writings*, p. 851.

These bacteriæ exist already during the life of the affected animal, and are intimately connected with the death which speedily supervenes.

From the 27 July to the 17 August the experiments were continued, and presented the following results:—

After fourteen new inoculations performed on healthy rabbits, with fresh blood containing bacteriæ, death followed without exception. In some, the infusoria were found two, four, and five hours before their death. In some cases, the blood taken from a still living animal and inoculated on another, produced bacteriæ and death.

The bacteriæ are developed in the blood itself, and in no special organ. By diligent search, soon after infection, the animalcules can be discovered; but then they are always small in size and few in number. They grow and multiply amazingly quickly, and that in the course of a few hours. A rabbit, in whose blood there were but few bacteriæ, died four hours afterwards, and then its blood was found enormously full of infusoria. When the bacteriæ were seen to be very large, they were not so numerous.

The quantity of the bacteriæ varies very much in different animals. After the first inoculation, their number decreased greatly. They were eight to ten times less numerous than the blood corpuscles in the normal state. At first, this seemed to indicate that their capability of propagation in rabbits gradually declined. The incorrectness of this view was soon apparent. In a series of ten inoculations, where the inoculations were successively made from one to another, the blood of the last showed myriads of bacteriæ, like that of the first. The variations in the numbers of the animalcules can, as far as we know at present, only be ascribed to the rapid changes of temperature that occurred during the time of the experiments.

On the occurrence of death, the increase of the bacteriæ immediately ceases. If the blood be kept a considerable time, the bacteriæ become destroyed; they become completely dissolved, as above observed, and thus their capability of being further propagated is lost. Two inoculations, one with blood from a sheep that had been kept eight days, the other with blood from

a rabbit that had died ten days previously, produced neither the disease nor yet bacteriæ in the blood.

Fresh blood, containing bacteriæ, was put in a glass tube and inserted for ten minutes in boiling water, and then a rabbit inoculated with it. The animal died after thirty-one hours with bacteriæ in its blood. Hence the heat of boiling water cannot destroy the bacteriæ.

In fourteen rabbits inoculated with blood containing bacteriæ, the average duration of life was forty hours; the shortest eighteen, the longest seventy-seven hours. Young animals died sooner than old ones. The bacteriæ always appeared first in the latter hours of life, most commonly four hours before death. The average duration of the inoculation was thirty-five hours.

During the inoculation, *i. e.* from the moment of inoculation until the bacteriæ were visible in the blood, nothing morbid is perceptible in the animal—the subject of experiment. It is only during the last hours, when the number of the infusoria in the blood has become great, that the rabbits cease to run about. They leave off eating, lie still upon their bellies, become very weak, and die without presenting any other symptoms. In a few instances only were convulsive movements observed before death.

The *post-mortem* examination performed immediately after death showed nothing abnormal in any organ. The heart and large blood-vessels were full of masses of firmly coagulated blood. The coagulation of the blood seems to be the sole *efficient* cause of death. Even during life signs of commencing coagulation are perceptible, inasmuch as the blood corpuscles are adherent to one another.

Among the organs, which on account of the greater quantity of blood they contain show the largest quantity of bacteriæ, the spleen is the chief. The structure is not altered; it is larger, and contains a larger number of bacteriæ merely because it holds a great quantity of blood. After the spleen, the liver, kidneys, and lungs contain the most, the muscles and glands the fewest, bacteriæ. Always in proportion to the quantity of blood in the respective organs.

As observation has shown that the appearance of the bacteriæ

occurs along with the disease, the pestilence must be regarded as dependent on the bacteriæ. The proximate cause, *i. e.* the most remote cause, according to our present means of knowledge, is, therefore, *infusoria, living organisms.*

As long as these beings remain undeveloped from their germ, so long the blood that harbours these germs is incapable of giving the disease to another individual by inoculation. In the meantime this is proved by the following experiment:—

A healthy strong rabbit, which we shall call A, was inoculated with four drops of blood, containing bacteriæ, taken from a still living rabbit. Forty-six hours afterwards (the average duration of life had here been passed by six hours, and this shows that we cannot always reckon with confidence on numerical data), its blood was examined and no bacteriæ found in it.

From this rabbit there were immediately taken from a vein in the ear, from twelve to fifteen drops of blood, and this blood was introduced into the subcutaneous cellular tissue of another healthy rabbit, three months old, which we shall call B.

Nine hours later the rabbit A was again examined, and its blood was found swarming with bacteriæ. A few drops of blood were again drawn from the aural vein and inoculated on a third rabbit, C, a brother of the rabbit B.

An hour afterwards the rabbit A died; twenty hours afterwards the rabbit C: in its blood innumerable infusoria were discovered, for the blood with which it had been inoculated contained developed bacteriæ.

But the rabbit B, which had been inoculated with the blood of the rabbit A, before the bacteriæ were developed in it, remained alive.

I do not think it necessary to elucidate further the part that living animalcules play in this pestilence. In the present state of science no one would be tempted to seek for a secret contagious matter beyond these infusoria. Were there such a thing, it must clandestinely accompany the formation of the bacteriæ, and possess secret properties absolutely identical with theirs.

The producing agent is visible. It is an organised being, which, like all living beings, undergoes the various phases of development and propagation, and produces modifications in

the blood, which cause the death of the individual that harbours it.

Let it be now remembered, that it has long been known that the existence of many diseases, such as helminthiasis, tinia capitis, leucorrhœa, is due to living organized beings; that the partizans of the psora and sycosis theories attempt to do away with these opposing facts by regarding these living organisms as the products of the outbreak of latent psora, and are found to have recourse to the materialistic view of a *generatio spontanea*, that is to say, that under certain latent and mysterious conditions living beings can be produced spontaneously.

But the controversy on this subject, which has been going on for upwards of a millenium, is now completely laid at rest. *There is no such thing as spontaneous generation.* Pasteur proved this three years ago. His proofs are generally regarded as exhaustive.

CASES OF NEURALGIA  
TREATED AT THE BRIGHTON HOMŒOPATHIC  
DISPENSARY DURING 1868: WITH CLINICAL  
REMARKS.

By RICHARD HUGHES, L.R.C.P. Ed. (Exam.) M.B.C.S.

I HEARTILY agree with the remarks made by Dr. Kidd in the last number of this *Journal*, upon the selection of cases for reporting. The only exception to the principle he lays down is to be found, I conceive, in the kind of narrative of which the following paper is an example. When a practitioner sets himself to record a whole series of cases of any one disease,—as those occurring during a particular epidemic, or treated within a certain space of time: if he put down his failures equally with his successes, and enquire diligently into the causes of each, studying at the same time what other men worth listening to have put on paper concerning the same malady,—he is unquestionably making a great step in advance as regards his own knowledge. And I cannot but think that the condensed result of such record and enquiry may be of interest and profit to his



brethren. Professor Henderson and Dr. Ozanne have done unquestionable service to homœopathic therapeutics by papers of this kind, in former numbers of this *Journal*. In the ensuing pages, I follow humbly in their wake.

The first thirty cases here recorded are all the instances of neuralgia which have come under treatment at the Brighton Homœopathic Dispensary during the year 1863. I have appended to these two more cases presenting points of special interest,—one treated at the dispensary in 1862; the other occurring in private practice in 1862-3. Those who have had any experience in extensive dispensary practice will not be surprised at the meagreness of the notes of the cases. I have copied them nearly verbatim from the records of the institution, *i. e.*, as they were taken at the time of consultation.

## I.

### *Intercostal Neuralgia after Pleurisy : cured by Arsenicum.*

Jan. 1st. Mrs. D., æt. 32. Nine months ago had pleurisy in the right side. Has ever since had frequent severe sharp pain at the spot, with shivering; the pain is increased by exertion. No evidence of effusion: and no dyspnœa save when the pain comes on. Feels very weak; and looks pale and wretched. Arsenicum 12, one drop four times a day.

8th. Much less pain. Repeat as before.

15th. Hardly any pain now. Continue.

22nd. Has caught cold on her chest; and the pain is somewhat increased. Aconite, 3rd dec., alt. with Bryonia, 3rd dec., four times a day.

29th. Better again. Repeat Aconite and Bryonia.

Feb. 5th. Hardly any pain. Omit.

She brought a child to the dispensary for treatment during three more weeks: during which time she required no more medicine for herself.

## II.

### *Semi-lateral Prosopalgia for four years : cured by Belladonna.*

Jan. 26th. Mrs. J., æt. 40. Has suffered from semi-lateral prosopalgia for four years: when the pain is severe, that side of

the face is red and burning: the general health is fair. Belladonna 1, one drop four times a day.

Feb. 2nd. Pain better: suffers much from water-brash. Lycopodium 12, alt. with Belladonna 1, four times a day.

9th. No pain now: still water-brash. Lycopodium 6, three times a-day.

19th. Water-brash nearly gone: no pain. Repeat Lycopodium.

23rd. No pain or water-brash. Omit.

### III.

*Prosopalgia in a pregnant woman: cured by Belladonna.*

Feb. 13th. Mrs. M., æt. 25. Has had prosopalgia, usually on the right side, for some months. The pain is accompanied with heat and throbbing. Is seven months advanced in pregnancy. Belladonna 1, one drop four times a-day.

20th. Face a good deal better. Repeat as before.

Did not return.

### IV.

*Shifting neuralgic pains, with menorrhagia: relieved by Platina.*

Feb. 26th. Emily N., æt. 23. Suffers much from neuralgic pains; varied and shifting in their seat: the catamenia are too frequent and too copious: sickness and want of appetite: the bowels are relaxed. Platina 6, one drop three times a day.

March 9th. Better in every way.

Did not return.

### V.

*Neuralgia from carious teeth: cured by Arsenicum and Mercurius.*

Feb. 26th. Hester K., æt. 23. Has suffered for three months with sharp semi-lateral pain in the teeth, ear and head. The pain gradually increases to its acme, and then as gradually declines. The teeth are very unsound. General health good. Arsenicum 6, one drop four times a day.

March 5th. A little better. Mercurius 6, Arsenicum 6, alternate powders, four times a day.

12th. Still better. Repeat medicines.

19th. Still better. Continue.

Did not return.

## VI.

*Prosopalgia with catarrh and tender gums: cured by Mercurius.*

April 2nd. Eve C., æt. 17. Has a chronic cold, with much tenderness of the gums and prosopalgia. Mercurius 6, a drop three times a day.

9th. Better. Repeat.

16th. Cold quite well: has prosopalgia occasionally when heated: frequent headaches. Belladonna 3, Mercurius 6, alt. powders, four times a day.

Did not return.

## VII.

*Temporal Neuralgia: unrelieved by Belladonna.*

April 7th. Elizabeth P., æt. 24. Has had prosopalgia for a fortnight, chiefly in the temples. The face is flushed with the pain. Belladonna 1, a drop four times a day.

21st. Found no relief during the week she took the medicine. Belladonna 1st dec., a drop four times a day.

Did not return.

## VIII.

*Neuralgia chiefly in ears: relieved by Arsenicum and Belladonna.*

May 8th. John W., æt. 24. For some time has suffered from neuralgic pain, commencing in the ears, and spreading down the face. The pain begins in the evening, gradually increases during the night, and as gradually departs in the early morning. Pulsatilla 3, a drop four times a day.

11th. No improvement. Belladonna 1, in the same manner.

15th. Little change. Arsenicum 6, Belladonna 1, on alternate days.

19th. Pain still comes on every evening, but is much less violent. Repeat medicines.

25th. A similar report: recommended a stump to be extracted. Repeat medicines.

June 1st. The stump has been drawn, and he has little or no pain. Omit.

IX.

*Neuralgia of Scalp : slowly disappearing under Arsenicum.*

May 15th. Lydia F., æt. 18. For a week past has had neuralgic pains about the head : all the functions in order, but feels weak. Arsenicum 6, one drop three times a day.

22nd. No change. Continue.

29th. Much better. Continue.

June 5th. Still better : but complains of pain in the heart and palpitation. Lachesis 6, Arsenicum 6, alt. powders, four times a day.

12th. Heart relieved : head worse again. Arsenicum 6, three times a day.

19th. Head quite well. Omit.

I saw her three weeks later : and found that she had had no return of the pain.

X.

*Neuralgia from carious teeth : cured by Mercurius and Arsenicum.*

May 15th. Caroline C., æt. 27. Has neuralgic pains in head and face : many teeth are carious : feels weak and weary. Mercurius 6, one drop three times a day.

29th. The pain is gone. Still feeling weak. Arsenicum 12, one drop three times a day.

June 5th. Still weak, and back aches sadly. Phosphoric acid, 12, 6, and 3, in successive powders, one drop three times a day.

12th. Has had a neuralgic attack every day last week. Arsenicum 6, one drop three times a day.

19th. No attack this week : feels stronger. Repeat.

Did not return.

XI.

*Neuralgia of Anterior Crural Nerve : cured by Arsenicum.*

June 22nd. Sarah G., æt. 35. Neuralgic pain in anterior portion of right thigh, worse on motion. The leg is weak. Weakly altogether. Arsenicum 6, a drop four times a day.

29th. The pain is better. Repeat.

July 7th. Better still. Continue.

14th. Gone.

She remained under treatment for other matters for six weeks, during which time she had no return of the pain.

## XII.

*Prosopalgia with inflamed gums : cured by Mercurius and Belladonna.*

July 2nd. Klulia L., æt. 25. Has suffered from prosopalgia for a month : the gums are inflamed. General health good. Mercurius 6, a drop four times a day.

9th. Pain better for two days past. Repeat.

16th. Pain much better : the gums still inflamed. Belladonna 3, Mercurius 3, alt. powders, four times a day.

30th. Pretty well now. Repeat.

Did not return.

## XIII.

*Prosopalgia with débility : cured by Arsenicum.*

July 2nd. Ebenezer M., æt. 19. Prosopalgia for three months, with much debility. Arsenicum 6, a drop three times a day.

9th. Pain gone. Repeat.

26th. No return of pain. Repeat.

Ceased attendance.

## XIV.

*Prosopalgia with debility from nursing : cured by Arsenicum and China.*

July 18th. Mrs. M., æt. 23. For three months has suffered from debility, with prosopalgia and frontal headache. Is nursing a baby seven months old. China 3, Arsenicum 6, alt. powders, a drop four times a day.

20th. Face and head have been better : now worse again. Repeat medicine.

27th. The neuralgia gone : still weak. China 2, a drop three times a day.

Aug. 3rd. Return of neuralgia. Arsenicum 6, a drop four times a day.

10th. Gone again. Omit.

I saw her again five months later: she was still nursing the child (against my advice), but the pain had not returned.

### XV.

*Recent prosopalgia, with debility: cured by Arsenicum.*

Aug. 6th. Mrs. R., æt. 52. For five days prosopalgia, with weakness. Arsenicum 100, a globule three times a day.

13th. Pain gone: still weak. Repeat.

20th. No return of pain: feels stronger. Continue.

Did not return.

### XVI.

*Semi-lateral prosopalgia, with debility; unrelieved.*

Aug. 7th. Mrs. W. Has had semi-lateral prosopalgia for a month; is very weak: no flushing of face. Arsenicum 6, a drop three times a day.

14th. Has had a very bad week with the pain. Belladonna 1, a drop four times a day.

28th. Was easier while taking last medicine. Belladonna, 1st dec., a drop four times a day.

Sept. 4th. Is no better: the bowels are very costive. Sulphur 12, one powder, followed by two powders of Spigelia, 3rd dec.

Did not return.

### XVII.

*Rheumatic faceache: cured by Rhododendron and Belladonna.*

Aug. 7th. Fanny W., æt. 19. Suffering from rheumatic faceache. Rhododendron 1, a drop four times a day.

14th. The pain is better: but still comes on at night. Belladonna 1, in the same manner.

24th. Pain nearly gone. Repeat.

31st. Quite well. Omit.

### XVIII.

*Simple prosopalgia: cured by Arsenicum.*

Aug. 10th. Mary Ann C., æt. 18. Has suffered from prosopalgia off and on for several months.

The notes of this case have not been preserved, but she took Arsenicum 6, for some weeks. I attended her mother in the following December, and learnt that the daughter had continued free from pain.

## XIX.

*Periodical Prosopalgia and Enteralgia : cured by Arsenicum and Quinine.*

Aug. 10th. Elizabeth B., æt. 25. Prosopalgia for two months, with great debility. Arsenicum 100, a globule three times a day.

17th. Still prosopalgia, but less constant. Arsenicum 6, a drop three times a day.

24th. Much better this week. Repeat.

31st. Face pains her for about an hour every day; has also periodical attacks of enteralgia. Quinæ Sulphas 1, a grain three times a day.

Sept. 7th. Prosopalgia has only occurred twice; enteralgia also less frequent. Repeat.

14th. Only once this week. Continue.

21st. No pain at all this week. Continue.

28th. No pain, and much better and stronger. Omit.

## XX.

*Rheumatic Sciatica : failure of internal remedies : cure by external use of Belladonna.*

Nov. 4th. Thomas B., æt. 60. After an acute attack of general rheumatism, the pain has settled in the sciatic nerve. Sulphur 3, Actea racemosa  $\Phi$ , alt. powders, three times a day.

17th. No change. Colocynth 12, 6, and 3, in successive powders, three times a day.

24th. No improvement. Sulphur 12, 6, and 3, in the same manner.

Dec. 8th. The pain is very severe. Arsenicum 12, 6, and 3, in the same manner.

14th. No improvement. Arsenicum 3, a drop three times a day.

18th. The same. The painful leg is very cold. Veratrum 3, a drop three times a day.

26th. No improvement. Finding that the pain always started from behind the outer malleolus, I injected there subcutaneously a solution of Atropine. The relief was great, but only lasted for about twenty-four hours.

Jan. 1st, 1864. Much the same as ever. Unguentum Belladonnæ (Extract. Bell. pt. j, Adipis p. vij) to be rubbed behind the malleolus daily. Under the use of this ointment he steadily improved, and has now (Feb. 29th) returned to his work, almost entirely free from pain.

## XXI.

*Prosopalgia: failure of Arsenicum: cure by Spigelia.*

Aug. 28th. Alice T., æt. 23. Prosopalgia for a month, in supra and infra-orbital nerve of one side. No redness or heat. Arsenicum 6, a drop four times a day.

Sept. 1st. No improvement. Spigelia 1st dec., a drop four times a day.

8th. Much better. Repeat.

Did not return.

## XXII.

*Rheumatic Neuralgia in arm: cured by Bryonia.*

Sept. 7th. Mrs. B., æt. 43. Rheumatic Neuralgia in the left arm up to the shoulder, relieved by rest, increased by cold. Aconite 1st dec., a drop four times a day.

14th. Varies. Bryonia 6th, 3rd, and 2nd (dec.), in successive powders, a drop four times a day.

21st. Rather better. Bryonia, 1st dec. four times a day.

28th. Better still. Repeat.

Oct. 5th. Nearly well. Repeat.

Has continued well to the present time.

## XXIII.

*Neuralgia in head and leg: latter relieved by Arsenicum.*

Sept. 18th. Mrs. H., æt. 45. Suffering from neuralgic pains in head and leg. Arsenicum 6, a drop three times a day.

25th. The leg better: the head worse. Very weak. China 3, a drop three times a day.

Did not return.



## XXIV.

*Neuralgia, chiefly in head : cured by Arsenicum.*

Sept. 29th. Mary S., æt. 46. Has frequent severe attacks of neuralgia, chiefly on the scalp. Arsenicum 6, a drop three times a day.

Oct. 6th. Has had two or three attacks, not sharp. Repeat.

13th. No attacks this week. Continue.

23rd. Two attacks. Continue.

30th. One attack. Continue.

Nov. 6th. No attacks this week. Continued under treatment for gastric affection till Dec. 18th, and had no return of neuralgia.

## XXV.

*Severe recent Prosopalgia : cured by Belladonna.*

Oct. 5th. Emma B., æt. 12. Has had four attacks of facial neuralgia on as many successive days : the pain came and went off again suddenly. Yesterday it was so severe as to cause delirium. Belladonna 1, a drop four times a day.

9th. Much better. Repeat.

16th. Only one attack ; much slighter. Continue.

23rd. Better still. Continue.

30th. No attacks. Continue.

Did not return.

## XXVI.

*Recent Prosopalgia : cured by Mercurius.*

Oct. 26th. George P., æt. 4½. Pain in teeth and face. Mercurius 6, a drop three times a day.

Nov. 2nd. This pain rather better : has a similar pain in the epigastrium after food. Arsenicum 6, in the same manner.

Did not return.

## XXVII.

*Intercostal Neuralgia of old standing : cured by Bryonia.*

Nov. 18th. Mrs. N., æt. 32. Has had severe pain under the left scapula off and on for years. There is catching on yawning or deep breathing : for twelve months has had a cough, with expectoration of thick yellow phlegm ; is easily breathed. Bryonia 30, one powder, a globule night and morning for two

days, followed by two powders of Sacch. Lact. in the same manner.

20th. The cough is better: the pain has shifted to the ribs under the arm. Repeat.

27th. The cough much better: the pain about the same. Bryonia 12, followed by Sacch. Lact. in the same manner.

Dec. 4th. The pain much easier: no catching now. Is very hoarse in morning. Spongia 12, Bryonia 12, Sacch. Lact., in successive powders.

11th. Pain and cough still better: hoarseness unchanged. Carbo Vegetabilis 12, followed by Sacch. Lact., as with the Bryonia.

Did not return.

## XXVIII.

*Sciatica for eleven months. Immediate cure by Arsenicum.*

Nov. 17th. George F., æt. 62. Has suffered from sciatica for eleven months, during which time he has been under treatment at the County Hospital. The leg is wasted and weak. There is no rheumatic history, and the urine is clear. Colocynth 12, 6, 3, in successive powders, a drop three times a day.

24th. Rather better, and the leg stronger. Colocynth 3, a drop three times a day.

Dec. 1st. Reported much worse. Went to see him: found him in bed, in severe pain. Examined the track of the nerve, and found no tenderness. Arsenicum 30, a globule three times for one day, then two days of Sacch. Lact.

4th. The pain was greatly relieved after the first day; continues much easier. Sacch. Lact.

8th. Still better. Sacch. Lact.

15th. No return of pain; has a bad headache. Belladonna 30, followed by Sacch. Lact.

22nd. Came to see me at the Dispensary: Has no pain now; but the leg feels stiff. Arsenicum 30, four doses, followed by Sacch. Lact.

29th. Pain and stiffness quite gone. Omit. He now walks about the town without a limp, and has had no return of pain.

## XXIX.

*Simple Prosopalgia : cured by Arsenicum.*

Dec. 18th. Annie Y. Neuralgia of inferior dental nerve for two weeks. No decayed teeth. Arsenicum 6, a drop four times a day.

21st. Better. Repeat.

28th. Much better. Repeat.

Did not return.

## XXX.

*Rheumatic Sciatica : cured by Rhus.*

Dec. 22nd. Charles G., æt. 55. Had sciatica some years ago, which is now returning upon him. The pain is worst after rising from his box (he is a coachman). The urine thick. Rhus 30, four doses, followed by Sacch. Lact.

29th. Pain much less; urine clear. Repeat.

Jan. 5th. The pain gone.

Remained under treatment for some weeks for catarrhal deafness, and had no return of pain.

## XXXI.

*Prosopalgia for eleven years : cured by Belladonna.*

The notes of this case are not preserved; but the facts are briefly these:—

The patient was a young woman of 27, in tolerable general health. She had suffered for eleven years from almost daily attacks of pain in the face and ear. During the paroxysm, the face became hot and red: the teeth were sound. She took for a short time Arsenicum 3rd dec., and *Actea racemosa*  $\Phi$ , both of which gave temporary relief; but, at the end of three weeks' treatment, she was in much her usual state. I then put her upon Belladonna 1, a drop four times a day. Speedy improvement ensued, and under the persevering use of the medicine continued, so that at the end of three months she was completely free from pain. I kept her under the influence of the drug for another month; and then, finding no return of pain, dismissed her.

## XXXII.

*Enteralgia; cured by Plumbum.*

The last case I have to record occurred in private practice. The patient was a baker. He first consulted me in August, 1861, for neuralgic pain chiefly in the right hypochondriac region, coming on for two or three hours every forenoon. His general health was very good, and all the bodily functions were properly performed. The pain gradually increased to its acme of intensity, and then as gradually declined. Guided by this symptom especially, I fixed upon Arsenicum or Stannum as the appropriate remedy. I began with Arsenicum, which he took in the 3rd dec. trit. for a fortnight, without any benefit resulting. I then put him upon Stannum, first in the 3rd centes., then in the 3rd dec. trituration, half-a-grain three times a day. Under this drug he speedily improved, and I left him on Sept. 20th entirely free from pain.

He continued well from this time till Jan., 1863, when the pain began to return. I saw him on the 23rd, and found the symptoms much the same as before, except that the pain had no fixed seat, but appeared in various parts of the upper abdomen. He had Stannum as before, with decided benefit: but at the end of six weeks he gave up medicine without being entirely free from pain.

I heard no more of the patient till Oct. 2 in the same year, when he sent for me, and related the following history. Shortly after ceasing his last course of Homœopathic medicine, his pains had returned as badly as ever; and he was persuaded by his friends to consult an Allopathic practitioner. He remained under his care for three months. The treatment consisted mainly in hard purging, to remove supposed intestinal irritation. The pains got worse instead of better; the strength and spirits declined; and the patient lost 14 pounds in weight. Getting tired of this work, he went up to London and consulted a Physician there. His case was pronounced one of pure neuralgia, and Arsenic was prescribed. He took this for some weeks, with no benefit to the pain, and with the effect of bringing out a troublesome eruption on the wrists. The

agreement of the London big-wig with myself upon the nature of his case recalled his thoughts to Homœopathy; and he wished me once more to do what I could for him.

On examination, I found the pain now fixed just above the umbilicus. It came on as of old in the forenoon, but lasted longer, and was unmarked by any gradual accession or departure. It was nearly always, moreover, accompanied with vomiting. His appetite was still good, and his bowels regular. The two medicines which now presented themselves for consideration were Colocynth and Plumbum. The presence of either constipation or diarrhœa would have at once decided my choice; but in the absence of either I thought it well to begin with Colocynth. I accordingly prescribed this drug, giving one powder each of the 12th, 6th, and 3rd dilutions, each powder lasting for two days.

9th. The pain had gradually abated, and now had nearly left him. Colocynth 3, a drop three times a day.

16th. Had no pain till yesterday, when it returned with vomiting. Colocynth 3rd dec., in the same manner.

23rd. Has had pain and vomiting every day this week. Plumbum carbonicum 3, half-a-grain three times a day.

30th. Pain again much abated Repeat.

Nov. 6. No pain at all now. Continue.

13th. Still free from pain. Plumbum carb., 3rd dec. trit., in the same manner.

20th. No return of pain. Repeat.

?7th. The same. Sacch. Lact.

Dec. 4. Quite well. Has gained nine pounds in weight since he resumed Homœopathic treatment, the remaining five having been made up after the cessation of the cathartic plan.

He continues well to the present time.

#### REMARKS.

The cases recorded above exhibit instances of four leading forms of Neuralgia, which we may name the *asthenic*, the *hyperæmic*, the *toxæmic*, and the *sympathetic*.

The *asthenic* neuralgia I name thus because it appears to own no other cause than general debility. It occurs most

commonly in females exhausted by menorrhagia or leucorrhœa, or worn down by anxiety or fatigue. Its grand remedy is Arsenicum, though China, Ferrum, or Phosphoric Acid are sometimes required for the general condition. Cases I., IX., X., XI., XIII., XIV., XV., XIX., illustrate this form of the malady.

2. In a second form there is little derangement of the general health, but plain evidence of local hyperæmia. If the fifth nerve be the seat of pain, the face flushes up (especially, sometimes only, on the side affected); the cheeks are hot and burning, and the eyes red and watering. This *hyperæmic* neuralgia is met with as an acute affection, usually from exposure to a draught; and is here rapidly relieved by Aconite or Belladonna, or both, in the lowest dilutions, frequently repeated, with the aid of hot fomentations. It not uncommonly, however, presents itself in a chronic form; and is generally curable by the persevering use of Belladonna. Cases II., III., and XXXI. are instances of chronic hyperæmic neuralgia.

3. Under the head of *toxæmic* neuralgia, I rank those forms of the malady which are traceable to the gouty, rheumatic, or syphilitic poisons. Of this form we have cases of the rheumatic kind only,—of which Cases XVII., XX., XXII., XXX., and probably XXVII. are examples. In such cases, besides a rheumatic history, we nearly always have the urine clouded or depositing a reddish sediment; while in pure neuralgia it is quite clear. The remedies for toxæmic neuralgia must be sought among those drugs which are related to the specific poison at the bottom of each case. For rheumatic neuralgia, Rhus, Bryonia, Spigelia, and Rhododendron deserve special mention.

4. There are many cases of neuralgia in which disorder of some neighbouring or distant organ is the cause, by reflex action, of the pain in the nerve. Of this *sympathetic* neuralgia numerous instances are given in books upon the subject. Its most frequent form is that in which carious teeth set up neuralgic pain in one or more of the branches of the trigeminus. In such cases the exciting cause must, of course, be the main object of our treatment. Where this lies in the state of the

teeth—as in Cases V., X., and XXVI.—our best remedy is Mercurius; though Arsenicum or Belladonna are often required to modify the hyperæsthesia which has been set up in the nervous branches.

The remedies used in the above cases were Arsenicum, Belladonna, Platina, Mercurius, China, Rhododendron, Quinine, Colocynth, Spigelia, Bryonia, Rhus, Stannum, and Plumbum.

*Arsenicum* was used in 17 cases. In 9 it effected the cure by itself: in 5 with the aid of other medicines; twice with Mercurius; once each with Belladonna, China, and Quinine. One case it only relieved, and four cases it failed to influence in any way. Arsenic is one of the very few drugs which certain pathogenetic evidence shews to be capable of inducing true neuralgia. And it is unquestionably the prince of remedies for the pure and simple form of the malady. Most of the striking cures of tic-doloureux recorded by Dr. Quin in an early volume of this Journal were effected by Arsenic; and Case XXVIII. of my own series well illustrates the rapidity and permanence of its curative action. The dilutions used were the 6th, 12th, 30th, and (while I was making experiments with the high potencies) 100th. With all the action of the drug was pretty well marked; but my general experience has led me as a rule to prefer the 6th to any other potency in the treatment of neuralgia. The lower dilutions have never given me any satisfaction in this malady.

*Belladonna* was used in 13 cases. In 7 it was the sole remedy,—6 of which were cured by its internal, 1 by its external use. In 4 cases it cured in conjunction with other remedies,—twice aiding Mercurius to remove inflammation of the gums, and once co-operating with Arsenicum and Rhododendron respectively. In two cases only it failed to afford relief. I know of no evidence to prove that Belladonna is capable of causing true neuralgia. Its action on the sensory nervous system is depressing rather than exciting. But Belladonna can and does both cause and cure an active determination of blood to the upper parts of the body; and is therefore a notable remedy in arterial hyperæmia of the head, face, or

throat. To this action I am disposed to ascribe its remarkable curative influence in cases of hyperæmic prosopalgia, of which Cases II. and XXXI. are notable examples. Dr. Morgan has put on record some beautiful instances of prosopalgia-cures by Belladonna in Volume XIII. of this Journal. I have nearly always given this drug in the 1st centesimal dilution.

*Platina* was used in one case, where the neuralgia seemed to be sympathetic with uterine disturbance. It afforded decided relief, but the patient did not persevere with the treatment. The 6th dilution was used.

*Mercurius* was given either alone, or in conjunction with Arsenicum or Belladonna, where the neuralgia seemed connected with inflamed gums or carious teeth. In all these cases—5 in number—it did its work of removing the existing cause satisfactorily, and conducted the case to a successful issue. It was given either in the 6th or the 3rd potency,—more frequently the former.

*China* was used to re-inforce Arsenicum, where the debility of asthenic neuralgia was caused by exhausting discharges. Case XIV. shows well that it is incapable of curing such cases by itself (save in a slow indirect manner), but requires for its aid a medicine like Arsenic, which acts immediately upon the painful nerve.

*Rhododendron* was recommended some time ago in the German Journals for the ordinary rheumatic “faceache,” and I have found it very beneficial in such cases. Case XVII. illustrates its action. I always use the 1st dilution.

*Quinine* is the stock anti-neuralgic of the old school, and chronic cases have generally been so well dosed with it that it need not enter into our consideration. I used it in one case where the periodic character of the neuralgia was well marked, but where Arsenicum seemed insufficient for the cure (Case XIX). It was given in the 1st trituration.

The Vienna proving of *Colocynth* renders undoubted its power of producing true neuralgia of the facial, abdominal, and sciatic nerves. It was used in 3 of the above cases; 2 of sciatica, and one of enteralgia. In one of the cases of sciatica—rheumatic in its character—it failed entirely; in the other



two it gave decided but only temporary relief. It was given in the dilutions from the 12th centesimal to the 3rd decimal.

*Spigelia* supplemented *Arsenicum* in one case in which the latter had failed. I should think it specially suitable in rheumatic cases, and where the ophthalmic branch of the fifth is affected. I gave it in this case in the 1st dec. dilution.

*Bryonia* proved curative in two cases,—one of rheumatic neuralgia of the arm, in the 1st dec. dilution; one of intercostal neuralgia of doubtful character, in the 30th and 12th centesimal potencies. The indications for its use are well known. I find it most serviceable against rheumatism in the lowest dilutions—generally the 1st decimal.

*Rhus* acted beautifully in the case of rheumatic sciatica numbered XXX in my series. I am sorry I did not give it in Case XX. Unlike *Bryonia*, I find it act much better in its appropriate cases in the medium and higher potencies, from the 6th to the 30th.

*Stannum* has frequently been found serviceable in neuralgia characterised by the gradual increase of the pain to its acme, and its as gradual departure.\* Its use is illustrated by Case XXXII.

*Plumbum* has proved the curative agent—at present—in the last form taken by the neuralgia in the interesting case just mentioned. Its sphere is limited to enteralgia, and the special indication for its choice is constipation. The case in question, however, shews that the absence of this symptom does not forbid its use, or hinder its curative action.

There are several other medicines which I might perhaps with advantage have used in these cases, and discussed in these remarks. But I leave the cases and the remarks as they stand, as a slight but practical contribution to the therapeutics of a common and distressing malady in its every-day aspects.

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\* See British Journal of Homœopathy, Vol. XVII, p. 165.

## THE HOMŒOPATHIC TREATMENT OF EPILEPSY.

By Dr. JOSEPH BAERTL.\*

HITHERTO the following medicines have in general been prescribed for Epilepsy, and most of them have been employed with good effect. *Agaricus musc.*, *Argentum*, *Arsenicum*, *Artemesia rad.*, *Atropin*, *Baryta*, *Belladonna*, *Calcar. carb.*, *Camphora*, *Causticum*, *Chamomilla*, *China*, *Cicuta v.*, *Cocculus*, *Con. mac.*, *Cuprum*, *Ferrum iod.*, *Ferrum hydrocyan.*, *Filix mas.*, *Hepar s.*, *Hyoscyam.*, *Ignatia*, *Ipecacuanha*, *Lachesis*, *Natrum mur.*, *Nitri acidum.*, *Nux vomica*, *Opium*, *Phosph.*, *Plumbum*, *Pulsat.*, *Rana bufo* and *Salamandra*, *Ruta*, *Secale corn.*, *Sepia*, *Silicea*, *Solanum nig.*, *Stannum*, *Stramonium*, *Sulphur*, *Tabacum*, *Vipera redi*, *Vipera torva*, *Zincum*, *Zizia*, and some others.

*Argaricus musc.* is suitable where there is a material cause.

*Argentum* is said, according to Hahnemann, to be proper, and *Arsenicum* especially in like cases.

*Artemesia rad.* cures if the Epilepsy is not hereditary or dependent on organic defect of the brain or cranium, in which cases it is not available. Also in symptomatic Epilepsy, depending on other organs, it is not curative.

*Atropin* will be proper for Epilepsy spinalis, if it is otherwise suitable.

*Belladonna* will suit either primary or secondary Epilepsy, but in both cases the convulsions must be rather of the tonic than clonic kind, with congestion of the upper parts of the body present. The following symptoms indicate still more the employment of *Belladonna*: Great irritability of the whole nervous system so that the patient is alarmed at the merest trifles, and has dreams and broken sleep; excessive excitability of the eyes, with sparks and glittering before them; also double vision or squinting, where also *Stram.* may be indicated, stammering, vertigo, humming and buzzing in the ears, convulsions of some muscular parts, subsultus tendinum, distortion of the features, &c.

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It will always deserve great attention above all other remedies, if the proper "fit" begins with slight painless convulsions in the upper members, the face shortly becomes puffy and dark red, the eyes and mouth at the same time moving convulsively, whilst the former look projecting and red; consciousness with these slighter symptoms much disturbed and nearly extinct before the true tonic convulsions and foaming at the mouth commence. Belladonna is not to be given at the very commencement, but rather after the cessation of the sleepy stage. During the fit itself probably a dose of Acon., Ipec., Ignatia, Coffea, according to the symptoms, will serve better; or the laying of one hand on the region of the heart, and the other on the loins; or mesmeric sleep induced by a powerful magnetiser. This remedy, if it does not cure *per se*, will be a good preparative for Calcar. carb; as it, like Calc., is very suitable to scrophulous subjects. Belladonna is especially to be considered in the case of children. I cured an Epilepsy of a year's standing with Belladonna and Calcar. given alternately in a single lady of advanced age, when the former medicine given alone previously had only relieved. It is also suitable for aged persons.

*Calcareo carb.* Any one who knows how powerfully this medicine acts on the vegetative sphere of the organism will understand that it seems to be indicated especially for the diseases of infancy, and of youth in general. If, however, there be the same cause in advanced age as in childhood, and if here also the symptoms bespeak its employment, it will be well if it is brought into play in such cases. If scrophula be the foundation of the Epilepsy, Calcareo is an indispensable means for the cure of it. If in infancy nervous affections supervene upon disease of the vegetative system, especially in the nervous matter of the brain, as convulsions, Calcareo must not be forgotten. This remedy will be indicated further if nocturnal fits take place.

*Camphor* will act, but only as a palliative, in Epilepsy with stertor, red puffy face, cold clammy skin, covered with cold sweat.

*Causticum* appears to do some good in Epilepsy from softening of the brain.

*Chamomilla* in the case of children and adults with very excitable constitutions, after vexation, and equally of very sensitive women, with too great mobility of the fibres, and in general of those who are inclined to hysteria, mostly as a mere palliative, but for the thorough cure antipsorics are required. (*Arch.* 8, 3, 89.)

*China* will be suitable in Epilepsy from immoderate irritability, brought on by onanism and excessive venery. Nor will the following medicines be less serviceable according to the accompanying symptoms in such cases; viz: Acid. Phos., Staph., Calc., Sulph., Sep., and Nat. mur. If caused by involuntary emissions then will Sulph., Sep., Con., Phosph., Caust., and Baryta be indicated. Should cramp-like pains with drawing up of the testicles supervene, then according to the several symptoms Thuja, Rhod., Pulsat., Zincum, Nux vomica, Tereb., Clematis, Nitri acidum, must be interposed.

*Cicuta vir.* is specific to secondary Epilepsy, which has its ground in abdominal obstruction, especially when the venous system is the principal fundamental seat of it. We find here an overflow of blood,—a “venositas acuta,”—in consequence of which cerebral convulsions commence. In children with such epileptic fits, in women during pregnancy or confinement, in cerebral convulsions of children with venoso-scorpulous constitutions, brought on by worms, *Cicuta* is very specially indicated.

*Cocculus* is suitable in secondary Epilepsy. This remedy acts on the spinal chord of excitable persons who have very weak nerves, affected with paralytic weakness; and generally finds its use only in such Epilepsy as arises from obstructed commencement of menstruation, or when it only takes place with difficulty and severe colic, therefore, at the time of the period.

*Conium* has hitherto been used as an intermediate remedy. See above.

*Cuprum met.* answers to that kind of Epilepsy which is due to no material disturbance of the brain; and thus to pure nervous irritation. Also when the stomach and bowel affections which occur in this Epilepsy are not caused by material disturbances, but always present themselves as of a purely

nervous nature. It is characteristic of Cuprum that the consciousness is not immediately lost; and the patient, as he describes, at the moment of the fit, can still take notice of himself, when the convulsions in the fingers and toes are beginning. Cuprum especially corresponds to the Epilepsy with nocturnal fits. It is also an excellent remedy after metastasis of milk to the brain, according to the experience of Schwarze. (*Heilungen*, s. 141.)

*Ferrum iodatum* was prescribed for Epilepsy from scrophula with paralysis.

*Ferrum hydrocyan.* is said to be a suitable remedy in Epilepsy which occurs at the change of the moon—waning of the moon.

*Filix mas* is indicated in Epilepsy from tapeworm.

*Hepar s.* is indicated in psoric-mercurial cachexy, secondary syphilis, tuberculosis, premonitory symptom over-excitement of the olfactory nerves, given best alternately with a real anti-epileptic.

*Hyoscy.* is valuable for secondary Epilepsy; it corresponds to the purely nervous class, as Cuprum does. In Hyos. we often find the characteristic symptoms—jealousy, disappointed love, sorrow—especially in women. The attacks generally end with deep, stertorous sleep. In parturient and pregnant women who suffer from such Epilepsy, Hyos. may be of great use; also when the convulsions proceed from worms.

*Ignatia* is to be given for violent epileptic fits with redness or blueness of the face, twitching and distortion of the eyes, eyelids, and mouth, with foam, bending of the head and spine backwards, jerking and striking with the legs and arms. Only in recent cases Ignatia acts specifically on the spinal nervous system, and thus corresponds to the secondary Epilepsy, especially after fright, fear, and annoyance with inward sorrow. It is a medicine which suits especially in Epilepsy of children. *Cicuta* also, with Cuprum and *Nux vomica*, act as Ignatia does on the spinal system.

*Ipecacuanha* is considered as an indispensable remedy in Epilepsy of children, and is also employed in secondary Epilepsy, which is combined with abnormalities of the vege-

tative sphere, and proceeding from the pneumo-gastric nerves. The gastric conditions accompanying it are not of a severe character nor long standing, so that the general system is not materially affected. The earlier Ipec. is employed in such cases so much the more beneficial it is; the longer the disease has continued the less it can avail. The lower potencies repeated are here the most effective.

*Lachesis*. This is said to be one of the most indispensable remedies to work wonders in Epilepsy (Hering). It is especially suitable in Epilepsies which are secondary, which have become idiopathic after a long period, originating in the ganghionic system, which are oftenest found in girls, women, and the young generally. In the case of those who have practised onanism, who are of a lecherous character, and are subject to frequent mucons discharges, *e.g.* leucorrhœa, spermatorrhœa, &c., *Lachesis* is a most excellent remedy.

*Natrum mur.* is sometimes indicated for Epilepsy from excessive irritability.

*Nitri acidum* would seem to be suitable for Epilepsy, which keeps off as long as the patient is travelling.

*Nux vomica* is indicated in Epilepsy with spiteful malicious temper, in cases of drunkards and gluttons. This medicine has its certain indications, where no other finds place, in fits of the strongest kind of convulsions, which seem more or less like Epilepsy in both sexes; *e.g.*, when one finds by careful examination some very painful and sensitive spot in the abdomen, near the gastric region, and therefore near the great ganglia and the origin of the spinal nerves, on which the slightest touch produces cramps; and there can be no doubt that this spot is the focus from which the convulsions proceed. This spot is (according to Dr. Tietze) deserving of the greatest attention in the treatment of epileptic cramps—a nervous excited condition without inflammation (according to Dr. Kreissig), a kind of neuralgia originating in a scrophulous constitution. Here if some doses of *Nux vomica* are given at tolerably long intervals they will produce wonderfully good results, not only for this ganghionic affection, but also for the Epilepsy depending upon it. Nor can any other medicine act in such cases so well. If,

however, the said affection has been neglected, and by too long an irritation of this spot an inflammatory condition has set in, then *Nux vomica* would still be of service, but would not completely remove the inflammatory pain nor the cerebral convulsions. Under such circumstances some other remedies ought to come into play, in order above everything to remove this inflammatory action. In such cases *Bryonia* should be employed at first, and any further treatment that might become necessary must be regulated by the supervening symptoms. But if *Nux vomica* removes that evil, it would still be necessary, in order to prevent a speedy recurrence of the ailment, to act upon the scrophulous diathesis, and then *Calc. carb.* effects a permanent cure. (*Allg. Hom. Ztg.*, 51, 6.)

*Opium* is proper for Epilepsy, which regularly occurs only in sleep (which is properly only sopor); also for fits which commence after fright, and recur every night.

*Phosph.* for Epilepsy produced by onanism, with the premonitory symptoms of yawning, great dryness of the mouth, and aura epileptica passing from the feet along the course of the nerves. Also in cases proceeding from strict continence or from pollutions, or from softening of the brain.

*Plumbum* will be employed especially when the disease arises from the splanchnic system. The characteristic symptom for *Plumbum*-epilepsy is swelling of the tongue, which hangs out at the mouth, and gets bitten. *Plumbum* will be indicated by the following symptoms: After some attacks of colic with transient headache an epileptic attack follows, which is repeated after some weeks. In the interval constant headache with occasional severe vomiting; the abdomen is flaccid, with pain about the navel and epigastrium, not aggravated by pressure; constipation. Pulse above 60. Several weeks after the attack sopor, dilated pupils, paralysis of the limbs, incontinence of urine. In severe Epilepsy there sometimes occur at first alternations of pale and red face, rigidity of the body, &c., and convulsive movements of the upper extremities. Soon the thumbs become turned in, the limbs bend and extend themselves most violently, and at the end of the fit acquire tetanic rigidity, which, however, may also alternate with the convul-

sions, in which the head is drawn forcibly backwards, chattering of the teeth, and trismus. Sometimes there is a combination of Epilepsy, Delirium, and Coma; at first sometimes delirium very difficult to recognise; after a few hours or some days an epileptic attack, and after that stupefaction for some minutes; after awaking several minutes stupefied; also raving with violent delirium, as before the convulsions. If this form of Epilepsy is often repeated, the coma at last passes on to death. In the contrary case the patient seems, after some hours or a day, to awake suddenly, with the strongest inclination to true sleep, which at last leads to a cure. The Epilepsies to which Plumbum seems to correspond proceed for the most from the splanchnic nervous system, spreading out from thence over the sensorial and motor nerves of the spinal system, and ultimately attacking the brain and the nerves of sense. According to this the Epilepsies with premonitory symptoms would fall within the sphere of Plumbum, which thus deserves most consideration from the very commencement of the treatment. It is also valuable in cases where, after each paroxysm, there are left behind various paralytic conditions and unconsciousness, or at least only half consciousness for a long period. The attacks for which Plumbum is suitable have the peculiarity that the symptoms show themselves at the very beginning. (*Har. Th. u. A. M. L. v. Trinks.*)

*Pulsatilla* is employed with good result for uterine Epilepsy, probably alternated with Plat. *Rana bufo* and *Salamandra* are said to have proved curative in Epilepsy,—the first once with a long interval, then the other after a pause of several days. (*Allg. Hom. Ztg.*, 58, 78.)

*Ruta* useful in Chronic Epilepsy.

*Secale* applicable to epilepsy (according to Soklitsch).

*Sepia* when pollutions are the cause of the epilepsy, at least, as an intermediate remedy.

*Silicea* available for epilepsy, especially if founded in a scrophulous rachitic condition, or proceeding from the cerebro-spinal nervous system; or for nocturnal fits, in which the extended body is thrown upwards, without hearing the usual cry from the patient.



*Solanum nigrum* when the fits commence after the use of ergot of rye.

*Stannum* for evening fits with pale face (*Allg. h. Ztg.* 124).

*Stramonium* for epilepsy with clonic-tonic spasms.

*Sulphur* when the spasm comes on after suppressed eruptions and rheumatism; if psora be the foundation of the disease, and the epileptic symptoms also bespeak its employment otherwise. In these cases it is usual to prescribe high dilutions at long intervals. It is also recommended for epilepsy at night, and when the aura epileptica runs downwards through the muscles like a mouse.

*Tabacum* was prescribed by Hahnemann in the *Organon*, 1824, s. 8; and Caspari, in his work, s. 60, for epilepsy.

*Zincum* is said to cure epilepsy when employed for a long time.

*Zizia* is likely also to be a suitable remedy for epilepsy.

*Aurum met.* is, moreover, prescribed for thoracic epilepsy with tightness of the chest in sleep, and vertigo, sparks before the eyes, and spasmodic cough when awake.

*Kreosote* also is said to be a good remedy (*Allg. hom. Ztg.* 28.422).

Besides the medicines here noticed, *Magn. carb.* and *Lycopodium* are, according to Hartmann, to be considered next to *Secale* and *Solanum nigrum*. *Ignatia*, *Bell.*, *Calc. (Cupr.)*, *Lachesis*, *Silicea*, and *Sulphur* are pointed out as the best medicines for epilepsy (*Allg. hom. Ztg.*, 1858).

As one may see, from the preceding statements, we possess a tolerably large number of medicines to enable us to combat epilepsy with some certainty, yet there are many cases where the cure of this disease remains, even for homœopathy, a difficult, or even impracticable task. If the epilepsy is secondary, proceeding from the spinal chord or the ganglionic system, whereby the brain is merely drawn into sympathy, and there is no organic disorder in the head and abdomen, then it may be easily cured. If the *signa prodromorum* entirely cease, and the cerebral convulsions occur not as sympathetic but as an idiopathic malady, then the cure becomes difficult. Suppose it depends on mechanical irritation in the brain, from splinters of

bone, exostosis, obscure necrosis, and the like; or if there have commenced organic lesions in the brain, or if the disease is hereditary, then it is cured with great difficulty, or not at all.

As for removing or rendering harmless the causes of this disease, if the physician can do this, he will much more easily become master of the epilepsy. A perfect removal of the internal causes is very difficult; indeed, often impossible. If founded in dyscrasia, scrophula, syphilis, psora, &c., then we must pay attention to their removal at once. Mechanical irritation must sometimes be met by surgical means: suppressed hemorrhage, perspiration, suppuration, leucorrhœa, &c., still require corresponding medicines, which act on and can remove these causes. Besides, the supposed cause is often removed and the form of this malady (epilepsy) continues notwithstanding. In this case, it may be admitted that the epilepsy is idiopathic, and seated in the brain itself, and is a disease hardly, if at all, curable.

That homœopathy has, since its establishment, effected many happy cures, the following instances may serve to shew:—

*Agaricus musc.* served exceedingly well in the hands of Dr. Schwarze, especially where metastasis of the mammary secretion to the brain occasioned the epilepsy (*Schwarze's Heilungen*, 5.142).

*Arsenicum*, 6th dilution, eight doses in two months cured an epilepsy with burning in the stomach, pressure on the spine, which then rose up like a warm current of air towards the neck, occiput, and brain. Then followed vertigo and falling down unconsciously. In the intervals of the fits, pressure in the occiput; and also the spine was often in burning pain. In the morning a sour taste. After partaking of solid food, burning in the stomach and abdomen; stool irregular, mostly diarrhœa with burning in the anus, and on passing urine, in the glans. Frequent cramp in the calves. After the above medicine, first large quantities of mucus passed by stool, then recovery followed (*Hygea*, 2.412).

*Artemesia*, in tincture, one drop daily; in two days cured an epilepsy, which had commenced through fright in child-bed, and had already lasted six weeks (*Allg. h. Ztg.* 1.146).

ceases, she begins to cry out again, fancies she is pursued by wild beasts, cries out to her mother in great anguish, until by degrees her senses return. Her cheeks and tongue are severely bitten till the blood flows from her mouth; her whole body beaten black and blue. In the intervals also sees blackness before her eyes, pupils dilated, abdomen moderately large yet soft, stools solid. After the third dose there appeared an itch-like eruption on the body, which was cured by Sulphur (*Arch.* 16.2).

Bell. 3 xii, in repeated doses relieved a man from epilepsy after he had for some time taken one dose every other evening regularly. This was an epilepsy of the peripheral character. C., a tailor, aged 27, of spare frame and weak constitution, who had never suffered either from itch or from any morbid condition, was seized with epilepsy, without any perceptible cause. At first, he felt in his left hand a pricking cramping pain, with which an afterwards associated spasmodic muscular twitching, drawing of the whole arm inwards, and fits of vertigo with twitchings of the face, with a sensation of a mouse running upwards, without proceeding as yet to loss of consciousness. This condition lasted some years; and as these fits occurred but seldom, no physician was called in. Gradually the attacks in their full intensity affected the brain by sympathy, for there always followed upon the local irritation and spasmodic distortion of the arm, an unconscious sinking and most violent convulsions; on the cessation of which, ordinarily, a soporous sleep set in, after which the patient, awakened to consciousness, had a sensation of bruising in the limbs and wildness in the head. The fits kept coming on oftener, and a paralytic condition was established, to which was further added weakness of memory. Now that the fits occurred weekly, and twice on the same day, and the allopathic treatment did no good, nay, aggravated the malady, he came under homœopathic treatment. The arm was so paralysed, that the patient could undertake nothing to any purpose as a tailor. At the same time he observed a frequent confusion of his thoughts. The above-mentioned pain in the head and the spasmodic distortion of the arm always preceded the sinking down; the arm itself became

greatly emaciated, the muscles flaccid, with a constant sensation of numbness and such paralytic weakness that he could do nothing with it, and pressure of his hand was hardly felt by him; otherwise, he only complained of bodily weakness. After using Bell. for some time, no fit showed itself for a long period, until subsequently a paroxysm recurred with vertigo. Bell. 3, as above, was given constantly, and nothing more followed for five months. The regular use of Bell. banished the epileptic fits, and nothing remained but a mere local irritation. The arm had recovered, the man could work, and even sustain prolonged severe labour. My informant thinks, however, that the patient cannot be considered as fully cured, for a man cannot sing *Io pæan* over a chronic epilepsy till one-and-a-half or two years have elapsed (*Hyg.* 21.284).

Bell. in moderate dilution, afterwards alternately with Calc. every fourth day, cured a chronic epilepsy in a lady aged 40, who had already ceased menstruating. When a young girl, she had a kind of scrophulous eruption on the head, which gradually disappeared by the use of external remedies. After remaining some time in good health, she began, at the period of puberty, to suffer from attacks of giddiness and slight cramps in one arm, until this condition had proceeded to downright epilepsy. Fear and anxiety always preceded the fits, so that the patient could not leave the house, at least without escort, because she dreaded having a fit on the road. She felt cross, and dreaded being alone. The fits occurred oftenest at night, but also in the day. At first months would pass, then weeks, before a fresh attack came on; but latterly, with advancing years, the paroxysms occurred at shorter and shorter intervals, so that at last only days were free, and those the patient passed in the greatest disquiet, fear and anxiety of heart, during which she often wept. At the commencement she used to cry out violently and at once. At first her left arm, then her head, and at last her limbs were distorted.

Sometimes she would go to bed earlier, in order to avoid injuries from falling, otherwise she generally fell backwards on the ground. Her eyes were distorted so that one saw nothing but the whites; sometimes she would strike in all directions

with her limbs, at other times she had cataleptic spasms; her face was drawn convulsively with a bluish-red tinge, and with foaming at the mouth, accelerated and loud breathing followed, the carotids beating violently, and perfect unconsciousness and loss of sensation were unmistakeable. Urine had often passed involuntarily, and sometimes stool also, during the fit. When, after a comatose sleep, the patient at last came to her senses, she was still as if deranged and also rather terrified and anxious; kept crying out for her mother, or else for some of the neighbours, and weeping. Bloody mucus flowed out of her mouth, her tongue bitten and rather swollen; the pupils, which before the fit had been more or less dilated, continued still of enlarged dimensions. She felt very feeble and prostrate, and fell into a more or less protracted sleep, out of which she would awaken somewhat recovered. Some days after this there were still traces of her weakness, but she was otherwise well. Various remedies, homœopathic too, given by the army surgeon, Dr. Hartung, at the time would not remove the malady. I came to the place, was called to a consultation, and after I, too, had tried some medicines in vain, I hit upon Bell. and afterwards Calc., which soon cured her. The prolonged use of these remedies kept her from having fits, so that not one had occurred for a year afterwards. (My own experience).

*Camphora* keeps off epilepsy, but does not remove it. (*Arch.* 1,1,26).

*Calc. carb.* has proved itself to me thoroughly good; for instance, in the above case of epilepsy, treated at first with Bell. alone, without any avail. Some instances are subjoined.

A robust youth of 15, almost always had a fit of epilepsy after a draught of water, and that for six or seven years. In other respects healthy. Calc. carb. in the 30th dilution cured him. (*Arch.* 17,3,42).

Calc. carb. with Bell., alternate doses every eight days, cured epilepsy in a child after the occurrence of an itching eruption, which appeared on the body. (*Hyg.* 7,527).

Calc. carb., moreover, removed epilepsy whose fits came most frequently and worst at the new moon. Sil. and Sulph. did the same. (*Neue Ztschr. f. Hom. Klin.* 3,68).

Epilepsy in a girl 27 years old; for four years after an eruption on her body and limbs had been suppressed by ointments. Her fits occurred every third or sixth day regularly in the night, with loss of senses, rigidity of the limbs, violent cries, pale face, and cold sweat. After the fits, vertigo and throbbing headache. Besides this, her menstruation weak, with pains of the abdomen, drawing in the lower arm (ameliorated by cold), very facile perspiration; Calo. 30 removed all this. (*Arch.* 17,3,44).

Epilepsy in a boy, aged 3, who previously had an eruption on the head (which was suppressed), with stiffness of limbs, loss of senses, and foam at the mouth. After the fit, perspiration of the head. Besides this the abdomen large and hard; whilst the body was emaciated. Calo. carb. 30 removed all this. (*Arch.* 17,3,45).

Epilepsy in a single person, aged 33, of twenty years' duration. The fits came every morning, followed by violent perspiration, during which she is weak in mind. Sulph. produced no essential alteration. Fourteen days after, Calo. 3 relieved her entirely from the epilepsy. (*Arch.* 17,3,46)

Epileptic convulsions in a single lady (probably an onanist, though she would not admit the fact). They lasted four days, and at last ceased with loss of senses. Besides, great thirst and menstruation failing for eight years. After Sulph. 60, Merc. 30, Sulph. 80, menstruation came on profusely; on the other hand, the convulsions came on violently; Caust. 30 and Cupr. equally unavailing: Calo. 80 cured. (*Arch.* 17,3,42).

In epilepsy occurring only at night, two doses of Calo. brought relief. (*N. Ztschr. f. Hom.* 4 Bd. 3 Hft.)

Epilepsy in a boy of 4; four to ten fits per day; worst at the equinox, always preceded by hunger like bulimy. The boy had the so called "schauerchen," whereupon this malady commenced; his mind has become dull, and his temper extremely peevish and capricious. After Calc. 30, one powder every fortnight, the malady disappeared with second dose. (*Arch.* 17,3,42).

Epilepsy of two years standing in a girl of 5; extension of arms and legs, which are stiff. Distortion of eyes, bluish-red

face, foaming at the mouth, loss of consciousness, paralysis of the limbs, and loss of speech. After the fits, sleep, with anxious restlessness and cries on awaking. On the slightest vexation the fits follow at once. Other symptoms; great fondness for milk, much stretching and straining, and very uneasy sleep. Bell., Sulph., Bell. 30 every fifth day, made the fits weaker and seldomer. Calc. 30 every fortnight removed all. (*Arch.* 17,3,43).

In pure nervous epilepsy Calc., alternately with Cupr., is suitable.

Epilepsy in a girl of 14, of two years standing. Fits preceded by sleep; during the fit, confusion of mind and rearing, convulsions and distortion of limbs; after the fit, hunger, deadness of the fingers, and sleep. Cina 3, followed in a week by Sulph. 30 brought no relief; Calc. 30 removed it all. (*Arch.* 17,3,44).

*Note.*—Of late years the writer in the *Archiv* has found, that whenever the medicines were indicated by constitution and collateral ailments, Calc. was to be given alternately with Cupr., as the former acted more gently and beneficially than when he, as previously, gave it alone. (*Arch.* 17,3,51).

According to Hartmann, Epilepsies, when Calc. is suitable, are not always cured by it alone, but need the intervention of other cognate medicines given in alternation (as Bell., Cupr., Plumbum acet).

*Causticum* seems to effect something in organic epilepsy from softening of the brain. (*Allg. hom. Ztg.* 51).

*Causticum* is said to have succeeded once in increasing, another time in decreasing dilutions. (*Allg. hom. Ztg.* 47. *Kirsch*).

*Cicuta virosa* cured an epilepsy with extraordinary distortions of the limbs, upper part of trunk and head, with bluish face, and breathing interrupted for some moments, with foam at the mouth. As the breathing got freer he became unconscious, and lay as if dead, giving no signs of sensation, though one should bawl at him or pinch him.

*Cocculus* proves especially useful at the monthly period, if epilepsy occurs at that time.

*Cham.* might be successfully opposed to epilepsia uterina, where also *Cupr.*, *Puls.* 12, and *Plat.* 2, are prescribed. (*Annal.* iv. 271).

*Cham.* 6 cured a kind of epilepsy with predominant pains in the abdomen. The patient took one drop every three days, and the cure was effected in ten days. (*Allg. h. Ztg.* 5,145).

*Cham.* speedily cured epileptic convulsions in the muscles of the face. (*Arch.* 1,1,108).

*Cupr.* 80 cured epilepsy where the fits came on at night, after the cessation of the menses, with spasmodic sufferings in the stomach. (*Thorer's prakt. Beitr.*, 11,155).

*Cupr.* cured epilepsy occurring at night during sleep. The premonitory symptoms were pressive pains in the head, with very peculiar disturbance of the mind, and sad anxious dreams. *Ignat.* and *Calc.* caused the fits to happen at longer intervals, still they kept increasing. *Cuprum* 80, given for two months every fourteen days, for the next two months only every three weeks, cured the patient of the disease. (*Schwarze's hom. Heilungen*, 135).

Epilepsy of a year's standing, in a girl who had not yet menstruated, in consequence of being frightened by a dog. The fit came on at night every six or eight weeks. *Cupr.* 80, a dose every fortnight caused a cessation of the fits, yet three months after they recurred after a violent mental effort. *Cupr.*, one dose again every fourteen days cured her perfectly. (*Schw. hom. Heil.* 141).

*Cupr.* often cured the epilepsy. (*Org.*, 1824,86. *Arch.* 1,1,69).

A boy of 10 years old was seized with epilepsy, which was preceded by premonitory symptoms. He would utter one cry, then tumble about striking with hands and feet; every muscle in his body became convulsed, eyes distorted, mouth foaming, thumbs turned in, whilst he groaned and moaned heavily, growing red in the face. All this lasted eight to ten minutes, then the convulsions ceased; he heaved a deep sigh, and the fit was over. Sometimes he fell asleep soon after, sometimes not; in this case he complained of confusion of the head and great weakness. After each fit (always by day) he always



passed a quantity of urine as clear as water. Cupr. 80, one drop every eighth day. Five days after the first powder a fit recurred; as soon as it was over a second was given. This was the last fit, for, though the Cuprum in the next six weeks was still given once a week, and in the subsequent weeks was only taken twice, the patient continued not only long, but permanently free from the disease. (*Schw. hom. Heil.*, 138).

Epilepsy of three years duration, recurring every fourth or sixth week, always by day. The patient had previously suffered from round worms, and, a short time before the outbreak of epilepsy, had been much frightened by a cow. Suspecting worms, we repeatedly gave Cina, Nux and Merc.; but no worms shewed themselves and the epilepsy recurred, only with this difference that the patient slept two hours after the fit. Cupr. 30, employed as above, speedily removed the first fit. (*Schw. h. Heil.* 139).

Where no organic defects or metastases, especially of milk, form the basis of the epilepsy, Cupr. was given with material benefit every forty-eight, seventy-two, or ninety-six hours. (*Allg. h. Ztg.* 9,46).

Epileptic fits of two years standing, generally recurring every week, were cured with Cupr. 30, a dose every third day. Only once during treatment a fit occurred. The fits consisted of a sudden falling down with one short cry, convulsive movements of the muscles of the face with gnashing of the teeth, distortion of the eyes with much dilated pupils, convulsions of the body and limbs with thumbs bent in, intermittent and groaning respiration; and they lasted fifteen to twenty minutes. For the rest of the day the boy was very feeble and sleepy. (*Allg. h. Ztg.* 9.232).

The child of another suffered under similar circumstances during teething. After Cham. and Ignat. 18, the fits came seldomer, but it was Cupr. after all that was able to remove them entirely. (*Allg. h. Ztg.* 9.241).

Epilepsy beginning with drawing in the arm (Aura Epileptica), which then moved involuntarily, and the fit immediately followed. Cupr. 18, a dose every eighth day, cured it. (*Allg. h. Z.* 5.145).

Rosalia Barna, 14 years old, used to have a fit at the new moon, consisting in suddenly falling down, foaming at the mouth, turning in of the thumbs, spasms, and the other symptoms. At times this attack came on three times a day, often repeated eight days afterwards. After the fit, headache. Had not menstruated, and was otherwise healthy. One might accept as the cause of this malady, the peculiar versatility of the nervous system at the period of development. Cuprum metall., the 30th, 24th, and 18th dilutions often repeated, caused the non-appearance of the fits at the next new moon. (*Arch.* 19.2.114).

Epilepsia uterina, in a girl aged 20, which had lasted one year and a-half, after being frightened by a dog at the monthly period. The patient was a blonde of scrophulous constitution, otherwise healthy; no organic injury or alterations. The spasms set in every fourteen days, then every five weeks, and began with slight convulsions of the extremities; after which, in a few minutes, convulsive laughter, then loss of consciousness, distortion of the eyes, foam at the mouth, rigid spasms of the limbs with contraction of the thumbs, and involuntary urine. She then came to herself in a state of great exhaustion. Bell. 3, three drops caused alleviation. Cupr. 6, three times a day cured her in four weeks. (*Allg. h. Z.* 49,92).

Cupr. should, in general, suit epileptica uterina, so also Cham. (*Annal.* iv. 271).

*Ferrum hydroc.* in epilepsy, when the fits occur at the change of the moon when waning. In order to obtain good results, *i. e.* diminution, and in time also *cure* of the malady, this medicine must be used for a long time; and its employment must take place in a certain gradation suited to the individual case; morning and evening  $\frac{1}{4}$  to 2 gr. as above. After fifteen days treatment the fits ceased. Towards the waning of the moon the medicine is given for three days to the amount of one grain; then for three days one half more. (*Hyg.* 27,524).

Epilepsies are said to have been cured by Allopaths with Ferr. hydroc. giving 2 gr. twice per day. (*Allg. h. Z.* 32,291).

*Ferrum iodatum.* A boy 11 years old, of scrophulous habit, had suffered one year from epilepsy, paralysis of the right arm,

and dementia. The cranial bones were considerably hypertrophied. Ferr. iod., one-sixth to half a gr. twice a day caused improvement in a few weeks; in quarter of a year the epilepsy and paralysis were cured; and, after two years, complete recovery ensued. (*Oesterr. h. Ztschr.* 3.2.241).

*Filix mas*, for epilepsy arising from tapeworm. In a lady, who had suffered from epilepsy three years, and took *Filix mas* in the form of extract, on account of passing fragments of *tænia*, it is said to have procured not only considerable relief from the tapeworm, but also a cessation of the epilepsy, and the restoration of her enfeebled mental powers. (*Oesterr. Ztschr. f. Hom.* 3.2.241).

*Hyos. niger* cured a species of epilepsy brought on by fright. (*Arch.* 1.2.53).

An epilepsy was also cured by *Hyos. nig.* (*Arch.* 12.2.178).

*Hyos.* 12 cured a periodic epilepsy, with spasmodic drawing in the calves, spasmodic sufferings in the stomach, and involuntary urine. (*Thorer's prakt. Erf.* 1.37).

*Ignatia*. Attacks of even long standing epilepsy, which commenced only after vexation or similar trouble (and from no other cause), were always warded off by the speedy administration of *Ign.* Also fits brought on in young persons by fright, before they were often repeated, were cured by two doses of *Ign.* But, as for epilepsy of long standing, and of a different description, being curable by this medicine, or ever having been cured, that is highly improbable. (*R. A. M. L. Hahn.* 2th P. 141).

Heinrich Engester, 33 years old, had an attack of epilepsy in his 25th year, from fright, without any reason for expecting it, or else with mere headache preceding; he lost, in general only at night, all consciousness. In a state of opisthotonos, lying on his head and limbs, he formed a semi-circle, knocked about and tumbled out of bed, unless he was held down, violent shocks shook his frame, especially the chest, and bloody froth issued from his mouth. For ten to fifteen minutes the convulsions ceased, yet the unconsciousness continued five or six hours. He talked unconnected stuff aloud, knowing nothing about it afterwards, and passed urine and stool in every corner of the room, unless prevented. Violent shivering

with his body icy cold ended the fit. The debility resulting from this, both in mind and body, made him unfit for his business during one or two days. Ign. 6, one drop, taking four doses, one every third day, caused the disappearance of the fits, and they ceased permanently. He had to take the medicine for three weeks longer. For vertigo, from which he suffered continually, he took Sep. 2 gr., one every fourth day, which removed this ailment too (*Hyg.* 10, 62).

A mason, 26 years old, suffered from epileptic fits, in consequence of a fall, for five years. Previously well and strong, he was seized with this malady about four weeks after the accident, and it set in generally at night in paroxysms, which gradually became more frequent, and now every six or eight days. The fits lasted ten to twenty minutes. Before them the patient perceived a buzzing in the ears, and then a little headache. He took first Bell. 30, a dose every third day. As this produced no result, he took Ign. 80 (in the same way), on which the fits soon came seldomer, and were shorter, until at last, by the account of his relations, they were limited to fixedness of the look, and rigidity of the extremities. Stramon. 80 removed this also, and when the patient was left after about seven months' treatment, he had been then six weeks free from fits. Later accounts announced perfect health. (*H. Vtschr.* ix. s. 470.)

Ign. is a medicine, the main sphere of whose action lies in the nervous system, especially in the region of the spinal chord, with special relation to the reproductive organs. Neuroses, which have their origin in perverted functions of the uterus, and therefore the greater part of reflex-neuroses of this description (as long as they continue as such, without any important change in the circulating system), are amenable to its action. Most of the affections under the name hysteria, are certainly not immediately dangerous, but form a vary tantalizing torment to the patient, and also now and then exhibit critical phenomena, *e. g.* convulsions of various kinds. Ign. stands in the first rank of hysterical remedies. (*N. Ztschr. f. h. Klin.* 3 Bd.)

Ign. 12 removed an epilepsy which commenced after fright and anxiety. It is of special service in hysterical subjects,

and in children. In the latter it removed two cases of recent epilepsy, with convulsions of the limbs, inversion of the thumbs, and foam at the mouth. (*Ann.* ii. 60.)

Ign. cured an epilepsy which commenced after fright. (*Arch.* 12, 2, 170.)

Another cure with this medicine of an epilepsy which also commenced after fright, and showed itself in sudden convulsions, with tremor and distortion of limbs, the face turning from red to white, and saliva flowing from the mouth, whilst not unfrequently consciousness also failed. (*Arch.* 14. 1. 136.)

Epileptic convulsions, spasms, and retching cured by Ign. (*Arch.* 3. 2. 121.)

Ign. also cured convulsions beginning after fright, with a sort of globus hystericus in the abdomen. (*Arch.* 5, 2, 38.)

Ign. tincture 3 drops in 3  $\frac{3}{4}$  water, with some sugar, a teaspoonful given for epilepsy in a child, every hour or two, according to circumstances. The second dose produced in this disease—which came on every two or three hours—rest, sleep, and perfect quietude of the nervous condition. The medicine was used to the end, and the disease cured. (*Hyg.* 7, 290.)

After epilepsy produced by inward displeasure and tacit vexation, and occurring from two to six times a day, Ign. 12. After the second powder there set in with cough, an expectoration of dark red blood (looking, so to speak, as if burnt), mixed with mucus, which lasted two days. From that day forth the fits ceased. (*Allg. H. Ztg.* 6, 139.)

Ign. 30, in few doses, and with usual diet, is said to have got rid of the fits of epilepsy for weeks and months together. (*N. Ztschr. f. h. Kl.* 2 Bd.)

*Kreosote* is said to be a good remedy for epilepsy. (*Allg. h. Z.* Bd. 23, s. 222.)

*Lachesis* is named by C. Hering as one of the most effectual remedies next to Bell., Caust., Cicut., Calc., Hep., and Silicea. (*R. A. M. L.* 2 Bd. 155.)

*Nitri acidum* 2. A drop daily given only twice cured an epilepsy which ceased by frequent driving, and for a longer or shorter time, according to the length of the drive. It was in the case of a girl of 14, who was otherwise healthy and well-

formed, but had previously suffered a long time from crusta lactea, and for three years had been affected with attacks of epilepsy every evening on going to sleep, or sometimes later, the fits lasting from half to one-and-half hour. Before and after the fit she was unusually languid. Ign. 1 and Cham. 1, which were first tried, were ineffectual. Nitric acid cured. (*Allg. h. Z.* 28, 236.)

*Nux v.* cured a kind of epilepsy with ill-temper. (*Arch.* 12, 1, 170.)

*Nux. v.* 18 removed epileptic convulsions, which commenced after vexation or intoxication, and disturbance of the digestive organs. (*Hartm. pr. Erf.* 1, 103.)

For epilepsy proceeding from the spinal system *Nux v.* is useful, so are Ign. Ciout. and Cupr. (*Allg. h. Z.* 13, 39.)

Dr. Soklitsch professes to have cured some epilepsies very happily with *Nux v. tinct.*

*Opium* did good in small doses in an epilepsy which came on every night for several weeks, with violent tossing of the limbs, and painful, almost suffocating respiration. After eight days one dose of Calo. carb. was given by way of precaution. (*Arch.* 1, 112.)

Epilepsy which came regularly during sleep—and that rather a stupifying slumber—was removed by *Opium*. (*Org.* 1824, 26.)

*Opium* 6 removed an epilepsy which set in every night with almost suffocating breathing (epilepsia thoracica.) (*Arch.* 11, 112.)

Epilepsy commencing after fright was removed by *Nux v.* in very low dilution, given for a long time. Afterwards, when occurring during sleep, cured by *Opium*. (*Allg. h. Z.*, 26, 276.)

*Phos.* used for a long time thoroughly cured epilepsy in a girl of 16, whose health was impaired by onanism. First began irregularity in menstruation; then the slightest causes produced the most fearful cramp in the stomach and bowels, generally ending with lipothymia, which was afterwards replaced by the most violent epilepsy. The constant premonitory symptoms were frequent yawning, great dryness of the mouth, and the aura epileptica commencing in the feet, and mounting in the course of the nerves. (*Allg. h. Z.* 24. 158.)

*Plumbum* is especially to be employed when epilepsy proceeds from the splanchnic system. The fits where *Plumb.* is suitable, are said to present as characteristic symptoms, swelling of the tongue, which hangs from the mouth and gets bitten.

*Plat.* 2 and *Puls.* 12 were successfully used in epilepsy uterina; removed the convulsions, which always appeared with violence at the commencement of the catamenia. (*Ann.* iv. 275.)

*Rana Bufo* and *Salamandra* used by Leydet in the first dilution. First, *Rana Bufo* 1 two drops in five oz. water, a table-spoonful every morning. After this solution he gives the patient twelve powders of *Sacch. lact.* to take, one daily; then the same procedure with *Bufo* from the 2nd to 6th dilution. As soon as this is all taken, the same procedure follows with *Sal.*, with the same interposition of *Sacch. lact.* If after six months no fit occurs, then the patient takes a dilution of each medicine, for a month, by turns, without any parenthetic *Sacch. lact.* He allows patients living at a distance to take globules moistened. He gives *Sulph.* as a very powerful auxiliary (!) before each medicine. (*Allg. h. Z.* 58, 78.)

Dr. Soklitsch, of Unterkrain, professes to have used *Secale corn.* for epilepsy, with good result; and to have cured other cases thoroughly with *Nux v.* tincture.

*Solanum nig.* 3 did good in epilepsy from teething. This medicine, is also said to be of use in removing epilepsy with pale face. (*Allg. h. Z.* 1, 24.)

*Sulph.* 30. One drop given by Hahnemann in the case of a man seized with epilepsy, caused the epilepsy to reappear suddenly, but then it never returned. (*Arch.* 11, 2, 88.)

*Spiritus sulphuratus.*—Some globules cured epilepsy in a case where the fits came on at night; the next fit after the dose was also the last. As a preventive one dose of *Calc. carb.* was given to the patient. (*Oester. Ztschr. f. hom.*)

*Preparations of Zinc* used continuously and in sufficiently small doses, said to render the attacks less frequent, and in two or three months to remove them entirely. The doses are given either in morning only, or the morning and evening. (*Allg. h. Z.* 47, 150.)

*Zizia 3.*—The decimal dilution is said to have cured two cases of Epilepsy, one drop given morning and evening; one case had lasted over ten weeks, the other more than three years, the fits recurring every eighth or tenth day. (*Allg. h. Z.* 51,70.)

#### PALLIATION.

By way of palliation one can sometimes keep epilepsy within bounds by frequent doses of Ignatia. This treatment, however, is only possible when the fits have premonitory symptoms. These may consist of the following: sensation of a cool draught or wind, which mounts up from the tip of the finger or toe, and when it reaches the brain causes the outbreak of the attack. In many patients the premonitory notice feels like the running of a mouse through the muscles, sometimes like the crawling of ants upwards, or again, like an electric shock, or in the form of heat, head-ache, yawning, sneezing, stupefaction of the senses, strange smell, taste, or colour, double vision, or the like (*Rad. artemisiæ vulgaris tinct.* administered in drops frequently may do good here). When a person perceives these warnings, it is best for him to go to bed, or be put there immediately. In case of *epilepsia manu and pedis-symptomata*, one may also try a tight ligature on the wrist or ankle, whereby the nerve is, as it were tied, and the spread of the *aura epileptica* up to the brain is as far as possible prevented: for this purpose, it is well for the patient or the person who takes care of him, to procure a strap of leather, or bandage, with a screw (tourniquet), place it on the part in question, so as to be able to screw it up instantly when the premonitory signals show themselves. During the fit itself it is well just to do nothing but to guard the patient from damage. Leave him on a soft bed to get over his spasms quietly, and prevent, as far as possible, all injury, by having some one to sit beside him always, and now and then hold him down. The practice of forcibly opening the clenched thumbs, and holding the patient too fast, only aggravates the spasms, therefore let it alone. Such persons as are apt to take fright easily, should, as far as possible, avoid witnessing such fits, as it has not unfrequently



happened that the violent fright at the sight of such a patient has given rise to an attack of the same disease.

In conclusion, the main rule must be borne in mind, that the remedies which seem to have chiefly tended to cure the patient should continue to be administered as long as possible in the same dose, then in smaller doses (triturations or dilutions), and still later too at longer intervals, so that not only the paroxysm may be prevented for the present, but also the constitutional disposition to this obstinate disease may be subdued. This is so much the more needful, as there have been many instances where, after apparently perfect cure, the epilepsy has returned after one or one-and-half year, and that just because they omitted to continue the use of the suitable medicines first for several months incessantly, and then for two years more at intervals of fourteen days, and lastly once a month.

## REVIEWS.

*Homœopathic Infinitesimal Doses, and their Analogues in Nature.* By JOHN RYAN, M.D., LL.D., &c. London: Turner & Co., 1864.

The talented editor of the *Monthly Homœopathic Review* has given us in this work an excellent contribution to homœopathic literature. It is long since we have read anything so well adapted for convincing intelligent laymen of the rationality of that great stumbling block to the more general reception of our system—the infinitesimal dose. The information collected by Dr. Ryan is not only great in extent, but it is put together in such a manner as to prove as attractive as a romance, though it deals with purely physical facts. We anticipate for this little book a large circulation, and would advise all our confrères to recommend it to the attentive perusal of those sceptics we so constantly meet with in society, who are always asserting the impotency of homœopathy by reason of the smallness of its doses.

1. *Preceptes fondés sur la chimie organique pour diminuer l'Embonpoint sans altérer la Santé*, par F. DANCEL, Docteur en Médecine. 3rd edition. Paris, 1854.
2. *Letter on Corpulence, addressed to the public.* By WILLIAM BANTING. 3rd edition. 1864.

A short time since a thrill of horror agitated the whole corpulent community at a report that somehow spread abroad that the author of the second pamphlet, whose title we have given above, had suddenly died a victim to his adopted anti-obesity dietary. However the followers of Banting were speedily reassured by no less an authority than Banting himself, who wrote to the newspapers, that the invention of his death was a malicious calumny, and that so far from being dead he was all alive and kicking, and in the enjoyment of excellent health, though he still stuck to the diet that had reduced him from a Sir John Falstaff to a Master Slender. So the fat world's fat sides once more shook with merriment, and the system of Banting continued in favour with those who wish with Hamlet—who by the way was himself, as his mother tells us, “fat and scant of breath”—“that this too, too solid flesh would melt.”

There is not a doubt about it—the prevailing tendency of the Englishman is to get very fat, after he has entered on the second half of his natural life; and we hardly need Nathaniel Hawthorne's very unpolite speech to the effect that our ladies remind him of “streaky beef,” to assure us that English women, too, display a decided tendency to lay on fat in inordinate quantities. “The first gentleman in England” had a decided preference for “fat, fair and forty;” but the fashions change, and now our fair and forty ones have been seized with a desire to cease to be fat. Accordingly many are zealously practising the dietetic system which has proved so successful in Mr. Banting's case. Possibly the time may again come when obesity shall be a desirable quality, and when the great ones shall desire with Cæsar to be surrounded with fat people :

“Let me have men about me that are fat;  
Sleek-headed men, and such as sleep o' night.”

But since the day when Beau Brummel talked of “the first gentleman” as somebody's “fat friend,” no one wishes to be

called fat; and corpulence in the male, at least, is decidedly at a discount. And though the ladies, too, are anxious to reduce the diameter and circumference of their actual bodies—though they will not yet consent to lessen the extent of their garments—still the time may come before the celebrated New Zealander shall ruminate on a fragment of London Bridge, when fatness may be again a desiderated quality in our ladies, as it is in the royal family of Karague—where, according to Capt. Speke, the ladies are kept constantly sucking at milk until they grow so fat they cannot stand upright.

At present, however, the rage among corpulent people is to get thin, and thousands are subjecting themselves to the dietary explained in Mr. Banting's book, in order to accomplish this desirable object.

Mr. Banting is not a doctor, though he may be said to be a humble follower of the medical profession, being in fact an undertaker. But in the pamphlet before us he details the history of his own case, in simple and touching terms. He is about 66 years old, five feet five inches in height, and in August, 1863, weighed 202 pounds. His size and weight were irksome to him; the little boys in the street laughed at him, as he waddled along; the occupants of an omnibus scowled at him if he attempted to enter; people grudged him the space he occupied *à posteriori* at theatre, concert or meeting; he could no longer tie his shoe, nor even see his knees except in the mirror; he had to crawl down stairs backwards to avoid the jar to his knees and ankles; he puffed and blew on every slight exertion. He consulted multitudes of doctors, some of whom laughed at him, others physicked him, some put him through a course of Turkish baths, others tried to diet him, but all only made him fatter. At last he applied to a sensible doctor, Mr. Harvey, the aurist, to wit, who put him on the system that in nine months reduced him to 167 pounds, and removed all the inconveniences and discomforts he had hitherto suffered. For this relief he is grateful; and in the pamphlet in question he communicates to the world the means whereby he was cured of his disease of corpulency. These means consisted solely in a system of diet. The peculiarity of this dietary lay in abstaining

as much as possible from bread, butter, milk, sugar, beer and potatoes. The following list of his daily meals shews that, notwithstanding these deprivations, his diet was by no means a low one.

**BREAKFAST:** 4 or 5 oz. of beef, mutton, kidneys, broiled fish, bacon, or cold meat of any kind except pork, a large cup of tea (without milk or sugar), a little biscuit, or 1 oz. of dry toast.

**DINNER:** 5 or 6 oz. of any fish except salmon, any meat except pork, any vegetable except potato, 1 oz. of dry toast, fruit out of a pudding, any kind of poultry or game, and 2 or 3 glasses of good claret, sherry or madeira,—champagne, port and beer forbidden.

**TEA:** 2 or 3 oz. of fruit, a rusk or two, and a cup of tea without milk or sugar.

**SUPPER:** 3 or 4 oz. of meat or fish, similar to dinner, with a glass or two of claret.

**NIGHT-CAP** if required: a tumbler of grog (gin, whisky or brandy, without sugar), or a glass or two of claret or sherry.

Under this system he steadily decreased at the rate of about a pound a week. Mr. Banting is of opinion that it is the saccharine matters in food that chiefly tend to produce corpulence, and the principle of his dietary lies in the elimination of all saccharine articles as far as possible.

We have placed first of the two works mentioned at the head of this article, the little book of Dr. Dancel, which had already attained a third edition in 1854, to shew that the subject on which Mr. Banting is so enthusiastic, viz., the diminution of corpulency, has already occupied the attention of medical men. The principles laid down by Dr. Dancel differ but slightly from those commended by Mr. Banting. Dr. Dancel enters into very full details respecting the relative nutritive and fattening properties of different kinds of food, but his system for diminishing fatness is, in brief, to let the diet be chiefly of animal food, to avoid watery vegetables, soups, pastry, bread, biscuit, eggs, cream, milk, butter and sugar. For drinks the obese individual should take only wine and water (one-fourth of wine to three-fourths of water), not spirits, no pure wine, above all

no champagne ; he may drink strong tea without sugar and not hot, strong coffee also in small quantities.

Thus it will be seen that Mr. Banting's system is very much the same as that of Dr. Dancel, only the latter lays more stress on abstinence from, or at least, great moderation in fluids, as he considers water in any vehicle as one of the greatest promoters of the development of fat.

In conclusion we would only remark that while the system of diet recommended by these two authorities for the reduction of obesity may answer for most cases, there are others where it would not be practicable to carry out a system of almost purely animal diet. Thus where the gouty diathesis is present, as it often is in stout people, such an exclusively animal diet would hardly be borne with impunity. Therefore in this, as in other matters connected with diet, regimen or physio, an absolute rule cannot be laid down suitable for all, but the individual peculiarities of each will have to be considered, and the dietary modified to suit particular cases.

In the meantime, Dr. Dancel and Mr. Banting deserve the thanks of the over-fat, for having shewn that a system of diet which can reduce an extremely corpulent person to a comfortable size, may be pursued in many cases not only without danger, but with advantage in every point of view.

*Estudio Medico del Veneno de la Tarantula segun el Método de Hahnemann por D. JOSE NUNEZ, M.D., &c. Madrid, 1864.*

*Medical Study of the poison of the Tarantula, according to the method of Hahnemann. By DON JOSE NUNEZ, M.D., &c. Madrid, 1864.*

So many worthless, ill-proved remedies have lately been added to our pharmacopœia, that we are rather disposed to look with suspicion on the announcement of a new remedy, or to fear that it may be but another addition to the thousand and one fragmentary symptomatologies which burden our literature, and whose utility is, to say the least, extremely doubtful.

None of these misgivings afflicted us when we received this

volume with the respectable name of Dr. Nunez attached to it as author. Dr. Nunez is reputed and professes to be a pure Hahnemannist, a rigid disciple of the illustrious founder of homœopathy. Here, said we to ourselves, we shall have a sample of a proving in the best style of the master; and the pathogeneses of Aconite, Belladonna, Pulsatilla, and Nux vomica immediately rushed into our mind. If an equality with Hahnemann's best provings could scarcely be expected, at all events, we thought, Dr. Nunez will have produced something that will stand a comparison with the provings of that most truly Hahnemannian of all our homœopaths, the veteran Dr. Hering, of Philadelphia; and, warned by the critical labours of Drs. Roth and Langheinz, he will have shunned that vagueness and want of precision which have deprived so many of the later symptomatologies of almost all their value.

We do not hesitate to state, that we have been greatly disappointed in all our expectations.

And first, as regards the subject of experiment, the tarantula spider—of which a beautiful coloured drawing is given in the work before us—why should that have been selected? The only reason we can discover for the choice of the tarantula is, that the Italian variety of the animal is said by its bite to have been the cause of that curious nervous affection that prevailed in Italy in the middle ages, called the tarantism, which was said to be cured, though, perhaps, it was only aggravated, by dancing to a jerky sort of tune, called the tarantella. But the historians of the disease, and notably Hecker, *Epidemics of the Middle Ages*, have thrown much doubt on the bite of a spider, or any other animal, having been the cause of this curious epidemic. Nor does Dr. Nunez offer any further evidence that the bite of this spider, which he has introduced into medicine, is the exciting cause of the affection called tarantism, or, indeed, of any other affection whatever. He gives us no observations of bites of the tarantula; and all that he has done in this matter is to put together the symptoms of tarantism noted by several old authors, and to call them "effects of the bite of the tarantula," which is begging the whole question. In fact, he has left the problems of the source of the symptoms

of tarantism, so called, and of the effects (if any) of the bite of the tarantula spider, precisely where he found them, viz., completely unsolved. The tarantula spider is an ugly and venomous-looking creature, and it can bite, or at least prick, the human skin, of that there is no doubt; but whether its bite or prick is followed by any peculiar symptoms, or whether the symptoms ascribed to its bite are some unfounded mediæval superstition is not at all clear. One would have thought that, for proving purposes, some strong medicine of undoubted toxical effects should have been selected in preference to a substance which has merely a doubtful reputation of being able to cause certain nervous symptoms. But, however, let that pass, and let us examine how Dr. Nunez proceeds to work with the proving itself.

At p. 115, he tells us that the animal selected for the proving was the Spanish tarantula, which seems to be a distinct variety, if not quite a different species, from the Italian tarantula, the supposed cause of tarantism. The entire live animal was triturated with sugar of milk, until thoroughly incorporated with it, and the subsequent triturations and dilutions were prepared from this in the orthodox Hahnemannian method. The provings were made with globules of the 6th and 12th dilutions, except in the case of a woman aged 40, of an extremely sensitive and impressoinable nature, who took the 3rd trituration. Dr. Tejedor experimented with the 12th and 200th dilutions, but the effects of the latter were so excessively violent (of course) that he was obliged to give it up. The dose was from 40 to 100 globules per diem of the 6th or 12th, taken in three or four times. As soon as the symptoms began to manifest themselves, the medicine was stopped till they ceased, and in general the first doses sufficed to obtain all the symptoms possible in each case. The proving was commenced in 1846, *i. e.* eighteen years ago, so it cannot be said to have been over hastily executed.

The following is a list of the provers, and all the information Dr. Nunez thinks it necessary to give us about them:—

“Doctors Suarez Monge, Fernandez del Rio, Tejero, Tejedor, Cuesta, Dubost, Perry, Hernandez Ros.

“Not belonging to the profession. Under the direction of Dr. Cuesta, a young woman of 18 and another of 22. Under Dr. Iturralde, a girl of 13 and another of 15. Under Dr. Alvarez Gonzalez, a woman of 40. Under M. Chategnier, of Angoulême, a lady of 33 and another of 50, at the critical age.”

Immediately after this meagre list of his provers, from which we are surprised to miss his own name, Dr. Nunez furnishes us with the schema of the symptoms observed; but by whom the various symptoms were observed, or how long after the ingestion of the globules they occurred, he gives us the very scantiest information. Thus the only cases in which the name of the prover is mentioned, are a few of the symptoms by Dr. Perry, one observed by Chategnier on the girl of 15, and one from the work of Cid. Five are ascribed respectively to women of 26 and 28, and of 35 and 40, who are not in the above list, so we suppose they are cases of tarantism mentioned by the mediæval authors. One symptom is said to have occurred on the 45th and lasted till the 100th day; another appeared on the 29th day, another on the 30th, one on the 42nd, one on the 100th, one on the 21st, one on the 25th, one on the 66th, one on the 15th. This is actually all the information we have relative to the 817 symptoms given to us by Dr. Nunez. We may assure the learned author that unless fuller data are given respecting the sources of this long list of symptoms, no practitioner can place perfect confidence in it, and we would beg of him to lose no time in publishing the diaries of the various provers, and in indicating what symptoms of his schema are due to actual pure experimentation; what are derived from the accounts, more or less reliable, of the disease called tarantism, by the various authors who have written upon it.

The following are what Dr. Nunez calls the characteristic indications of tarantula:—

“Every form of convulsion in which there is a necessity for continual movement, and periodicity of the affections, indicate the necessity for tarantism; and fright, terror and fear of impending death, with vertigo and precordial anxiety, help to characterize it. The affections of a nervous character, as also



those of a rheumatic kind, produced and cured by tarantula, are alleviated by motion, perspiration, and the open air, and aggravated by repose and in bed; they are aggravated by cold and dryness, and ameliorated by rain. The moral affections are alleviated by music, distraction, and country air."

A few cases are given at the end, which are said to have been cured or benefited by tarantula, but they are neither very well marked diseases, nor is the curative action of the medicine very obvious. On the whole, the author shines more when he sticks to generalities; as, for instance, in the following sentence, which we would particularly recommend to homœopathic provers as a style of observation to be eschewed.

"In 1855, many intermittents were cured by tarantula; and in an epidemic of tertians, which prevailed in Osma, it was the medicine that gave the best results, and to which more than thirty cases of tertian ague owed their recovery. The details of these cases were not well observed, but it may be asserted, without rashness, that it is one of the most heroic medicines for the prompt and radical cure of intermittent fevers of all types, and more especially for those where quinine has been abused."

We take leave of Dr. Nunez's treatise, which we are sorry we cannot consider as an acquisition to our literature, though it remains with himself to render his labours not wholly useless by supplying those details in reference to the symptoms he gives, which are deficient in the essay.

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*Functional Diseases of Women; Cases illustrative of a New Method of treating them, through the Agency of the Nervous System by means of Cold and Heat.* By JOHN CHAPMAN, M.D. London: Trübner, 1863.

"It is probable," says the author, "that the more the diseases and functional derangements of animals having a nervous system are investigated, the more they will be found to originate primarily in altered conditions of that system." Starting from this idea, Dr. Chapman has looked about for an agent that

will control the nervous system, and has found this in the abstraction and communication of heat as nearly as possible to the nervous centres he supposes to be engaged in the production of the diseases to which his attention has been chiefly directed. In obedience to the requirements of modern physics he first sought to precisionize the physiological effects of diminished and increased temperature to the back, and though his experiments were not performed on strictly healthy individuals, still the general results obtained may be considered reliable. He found, contrary to the general notion, that when cold is applied to the back the pulse is raised, and that the application of heat to the back is followed by a decided lowering of the pulse.

Applying to practice the information thus obtained he has introduced a method of treatment of a perfectly novel description, which we shall best illustrate by mentioning the means he pursues in the various maladies he treats of.

In suppressed, defective, and painful menstruation, he applies ice to that portion of the back extending over the three or four lower dorsal and all the lumbar vertebræ, and in breadth about two inches on each side of a line passing along the vertebral spines. His object in applying ice is

“*First*, to exert a sedative, or semi-paralysing influence on the ganglia of the sympathetic nervous system lying on each side of the vertebral column. *Secondly*, by means of the partial paralysis thus effected, to lessen the nervous currents in the vaso-motor nerves emerging from the ganglia acted upon, and distributed to the muscular fibres surrounding the arteries of the reproductive organs and of the lower extremities. *Thirdly*, by thus lessening the nervous currents emitted to the muscular bands of the arteries in question, to lessen the contractile energy of those bands, and by doing so to facilitate the dilatation of the arteries which they surround. *Fourthly*, by thus inducing in these arteries the condition of facile dilatability, to ensure that the blood will force its way into them in greater volume and with greater rapidity than before. When this series of conditions has been established, the structures amid which the arteries acted upon ramify become proportionally better nourished, more vigorous and healthy, and of course, therefore, their functions are proportionally more perfectly performed.”

He gives four cases to show the powerful effects of iced water and ice, applied to the spine three times a day, for periods varying from half-an-hour to three hours each time, in re-establishing the menstrual flux when suppressed, and in increasing it when scanty. He then says:

“The foregoing cases will probably be regarded as constituting an adequate body of proof that the circulation of the blood in the female reproductive organs may be increased by the application of cold to the nervous centres which preside over them. The idea of inducing or prolonging menstruation by applying ice to a woman’s loins, sometimes for days together, and even throughout the menstrual period, is so entirely unprecedented, and so opposed to all established physiological views, medical theories, and medical practice, that perhaps nothing short of the faith of a discoverer in the truth of his theory could inspire a physician with courage enough to practise it for the first time in the face of that great body of experience, immemorial tradition, and seemingly scientific doctrine, expressed in the universal belief that the application of intense cold to the lower part of a woman’s person during the menstrual period is fraught with extreme peril. But now that a collection of indubitable facts—facts capable of verification—are adduced in evidence both of the truth of the theory, and of the safety as well as efficacy of its practice, physicians will not be slow, I hope to afford to millions of suffering women the relief which the discovery here explained and elucidated, by examples of its power, enables them to confer. The direct benefits, especially in the abolition of monthly-recurring pains, which women will derive from the judicious use of ice, are unspeakably great; but the extent of the indirect advantages which it will ensure to them are immeasurably greater, and can only be appreciated by the thoroughly informed and thoughtful physician: he only knows how many diseases from which women suffer originate in those unhealthy conditions of the reproductive organs denoted by painful, defective, or suppressed menstruation.

“Referring to Esmarch’s observations, already quoted, on the danger attending the unskilful or injudicious use of the most valuable remedial agents, I will conclude this section by recording a fact, which shows at once the justness of his remarks, and the wonderful power of ice in producing the menstrual flow. A lady, aged 55, whose menstrual functions had ceased upwards of a year before, was

suffering from habitual and obstinate constipation; I ordered ice to be applied to the lower part of the dorsal and to the lumbar region, and the abdomen to be fomented: during the applications she began to menstruate, and continued to do so for two days."

In leucorrhœa the same treatment continued even longer at a time produced a wonderful effect. He gives an illustrative case which is worth quoting:

"June 7th, 1863.—Mrs. M., aged 35, is afflicted with an extremely profuse and continuous white discharge; is always obliged to wear napkins. She has much backache, drawing-down pain, and a sort of 'cutting pain' habitually. She complains of great and general weakness: feels as if she must drop down, and has fallen 'many a time.' She has headache all day long. Her sight is very feeble and dim: she cannot tell the time by the church-clock which is close to her house; and one object often appears to her, she says, as several. Her feet, legs, and belly are swollen; her complexion sallow; countenance depressed; appetite bad.

"She has now passed nine weeks without menstruating, the white discharge being all this time exceedingly profuse. She began to suffer from it and *prolapsus uteri* simultaneously, soon after the birth of her first child, seven years ago. She has had three children; after the birth of each, the coming-down of the womb and the white discharge seemed to increase. The womb has often come 'quite out' of the vaginal orifice, generally after she has used any extra physical exertion. She has many times passed seven or eight weeks without menstruating, the leucorrhœa being meanwhile much increased. She has also suffered from profuse menorrhagia—what she calls 'flooding,' on several occasions.

"Treatment: ice applied to the lower dorsal and upper lumbar regions continuously, from morning until night.

"June 25th.—The white discharge from the vagina is very much lessened; the abdominal swelling is nearly gone; the swelling of the feet continues about the same; the uterine parts are much strengthened, the womb coming down much less in extent and frequency; the 'cutting pains' have ceased, and all the feelings in the back have lessened; has headache 'very rarely now;' vision quite clear and normal; appetite very good; feels altogether much stronger; complexion and expression immensely improved.

"Early in July she menstruated freely; after the menses had ceased, the leucorrhœa did not recur; the swelling of the feet and of the abdomen subsided entirely, and all other troublesome symptoms disappeared. I saw her on the 18th of November, when she assured me that since the early part of July she has not been troubled with any white discharge, *prolapsus uteri*, bearing-down pains, headache, giddiness, or dimness of sight; that with one exception, when she became 'unwell' earlier than she ought to have done, she has since menstruated at the normal intervals, and that in all respects she is quite well."

Coldness of the feet in connexion with functional disease of the womb (chiefly scanty menstruation and dysmenorrhœa) is one of the troublesome ailments which Dr. Chapman readily cures by means of the application of cold to the back.

Menorrhagia or menorrhagic pain being the opposite state from scanty menstruation or dysmenorrhœa is cured by the application of heat, and the following is the author's rationale of its *modus operandi* :

"Heat applied in the same way produces, of course, precisely opposite conditions to those produced by cold, both in the nervous centres directly acted upon, and in the uterine blood-vessels influenced through their agency. The temperature of the sympathetic ganglia on each side of the spinal column being raised, the flow of blood to them becomes more copious, and consequently their functions become more energetic; their nervous effluence passes in fuller and more powerful streams along the nerves emerging from them, and ramifying over the blood-vessels of the reproductive organs, the muscular bands surrounding those vessels are stimulated by this increased nervous afflux to contract with more than their usual force; they therefore diminish proportionately the diameters of the vessels themselves, and in doing so necessarily lessen the amount of blood flowing through them. Indeed, it is probable that while the nervous ganglia in question are made to emit their maximum of energy, many of the terminal branches of the blood-vessels acted upon become completely closed. By this method uterine hæmorrhage may be restrained or arrested without violence or peril to the patient, and with a certainty which, though not absolute, is unparalleled by any power hitherto conferred by medical science."

We shall give the author's first case to illustrate his method of treating this disease :

"*July 16th.*—Mrs. F., who has long been in the habit of becoming 'unwell' every third week, and continuing so a week, complains that she is now suffering from a more than ordinarily profuse menstrual flow. It began in the evening of the 12th inst. I ordered the lumbar region to be fomented with flannel dipped in hot water during fifteen minutes several times a day, and a cloth dipped in cold water to be afterwards applied for a second on each occasion. The patient felt these applications remarkably soothing, and 'quickly went to sleep.' In the morning of the 17th she found the discharge 'was all but stopped.' As it did not stop completely, the hot flannels were applied again during the evening of the 18th, and on the morning of the 19th it had wholly ceased. . On this day she reported herself as feeling much better than she has usually been at the end of her catamenial periods.

"*Sept. 12th.*—The patient became 'unwell' in the evening of the 7th inst. ; she applied a hot-water bag to the lumbar region on the 10th and 11th inst., and on the 11th wrote to me as follows :—' I used the bag as you directed, and found that it greatly moderated the flow ; the latter, indeed, is now very inconsiderable.'

"The first of these catamenial periods appears to have been about as long as they usually continue with this patient ; the length of the second is not recorded. On both occasions, however, the discharge was considerably less than usual, and the remarkably soothing, soporific effects of the heat, observable in other cases, were very manifest in this. On the first occasion, the use of heat was omitted from the evening of the 16th till the evening of the 18th, as the flow was 'all but stopped' on the morning of the 17th : it is probable that, had the hot applications been continued during that day, it would have stopped altogether two days earlier than usual. In this and other cases experience has taught me what, *a priori* would appear probable, viz. that it is not enough merely to stop the flow ; the sanguineous determination to the womb must be made to cease by frequent or long-continued applications of heat to the nervous centres."

He shews by cases the influence of cold and heat applied to the back in the development of the mammæ. Thus in a case when the right mamma was larger than the left, the applica-

*The Diseases of Dogs, and their Homœopathic Treatment.* By JAMES MOORE, M.R.C.V.S. London: Simpkin, Marshall, and Co. 1863.

WE have carefully looked through this book, and can thoroughly recommend it as a really useful manual for the treatment of the diseases of man's faithful friend. Having had some experience in the management of dogs, we can bear testimony to the excellence of most of Mr. Moore's directions for their treatment. On one point only would we venture at present to differ from the author, and that is with regard to the treatment of obesity. We believe the obesity of house dogs to be mainly owing to the amount of farinaceous food given them, and the little exercise they have. Now we believe that as the dog is a carnivorous and active animal, the tendency to the undue deposition of fat will be obviated by giving him only one meal a day, and that not a large one, and consisting chiefly if not entirely of meat, and making him take a good deal of exercise. It is a mistake to suppose a dog will smell disagreeably if allowed to have meat. If this is given in excessive quantities of course he will; but if he is limited to one moderate meal of meat a day, he will remain lithe and active, and show no disposition to excessive obesity or skin diseases.

Mr. Moore recommends powdered areca nut for the round worm which infest dogs. We lately had an opportunity of testing the value of this substance. We mixed up a few grains of it with butter, and put it into the mouth of a small dog much troubled with the round worm. In a few minutes it vomited nine of these creatures all alive, and never after showed symptoms of having any.

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*On the Treatment of Syphilis and other Diseases without Mercury; being a Collection of Evidence to prove that Mercury is a cause of disease, not a remedy.* By CHARLES R. DRYSDALE, M.D., M.R.C.P., F.R.C.S.

THE history of Mercury is the history of Allopathic Therapeutics. Its curative properties were discovered by chance, it being observed that workmen in quicksilver mines recovered

rapidly from syphilis without other treatment. On its first introduction (by Paracelsus) as an internal remedy, it was opposed with the whole weight of the profession. Before many years had passed it was enthroned as something nearly approaching to a panacea. Of its three great uses, two—the antiphlogistic and the chologogue-purgative—were indirect and destructive; and the third, though specific, has caused so much aggravation through over-dosing, that Dr. Charles Drysdale is only one of many authors who would have us abandon the use of Mercury in syphilis altogether. Truly the History of Medicine has been the saddest record which humanity can show of how richly God can give, and how vilely man can abuse.

With the reaction which has lately set in against the indirect uses of Mercury we, as Homœopathists, must cordially sympathize. To treat local inflammation by the constitutional influence of Mercury is just to poison the whole system for the sake of one member. Were there no other means of controlling such local affections, it is doubtful whether this mode of treatment were not better superseded in favour of leaving the case to Nature. But since even Allopathic Therapeutics have simpler and better remedies for inflammatory affections, we think that it would not be going too far if the induction of salivation in the treatment of such diseases were made an offence indictable at law. This is hardly going beyond the strong language employed by Drs. Hughes Bennett, Habershon, and other luminaries of the old school upon this matter. Only less strong must be our condemnation of the use of Mercury as a chologogue purgative. The amount of hepatic and intestinal disease caused by its use is something incalculable; and, what is particularly unfortunate, in the presence of such ravages many are in danger of losing sight of the true specific relation of Mercury to many disorders of the liver and intestinal canal. Thus, because in certain experiments on dogs, Calomel was found to diminish rather than increase the secretion of bile, it is gravely argued that Mercury can be of no use in disorders of the hepatic functions, and that the experience of ages in this direction has been a blind mistake.



Somewhat different, however, are our feelings in reference to the subject of the work now under notice; viz.,—the use of Mercury in syphilis. We have here no quarrel with the principle on which the drug is administered. Its mode of action is confessedly of that ill-understood character styled “specific;” that is, as we know well, Homœopathic. Dr. C. Drysdale is only one of many authors who assert that Mercury affects the same parts,—the throat, skin, periosteum, &c.,—as those involved in constitutional syphilis; and affects them, moreover, in a manner so very similar that it is often a question concerning a given symptom in a syphilitic patient whether it is to be ascribed to the disease or to the drug. Mercury, therefore, is as truly Homœopathic to syphilis as Cinchona is to ague, or Arsenic to chronic cutaneous eruptions; and its use as a remedy for this disease is a common ground upon which Allopath and Homœopath meet and agree. But the old medicine never makes the best use of a good thing. Chance had given her the weapon, but her powers were incompetent to wield it aright. There are two ways in which all the specifics which old medicine has hit upon have been spoilt and lost. The first is, their indiscriminate use in every form or stage of the disease which they antidote; the second, the unnecessarily large doses in which they have been administered. The Mercurial treatment of syphilis suffered from the first of these causes almost till within our own times. The drug was given for every chancre, soft as well as indurated, even when it was phagedenic, in supreme disregard also of the constitution of the patient. It is only within the last few years that it has been well established that the indurated sore alone requires Mercurial treatment, and that the drug is only tolerated where the constitution presents no sign of scrofula. Still greater injury, however, has resulted from the unnecessarily large doses in which the mineral has been and is still administered. The test of the full action of the drug has been sought,—not in the disappearance of the malady, but in the appearance of another disorder,—not in the restoration of diseased parts, but in the supervention of disease in sound ones. To produce such a result much larger doses have had to be given than the more sensitive diseased members required or

could bear ; the primary sores have often been aggravated, the constitution has been weakened, and the secondary and tertiary symptoms rendered more numerous and more virulent than they would have been had the case been left to Nature.

These facts are abundantly proved by Dr. C. Drysdale in the interesting work before us. It seems that the eyes of British surgeons were first opened to the fact that syphilitic patients might do well without Mercury in the Peninsular campaign of 1809—13. They found that the Portuguese subjects of the disease were treated by topical remedies alone, and without Mercury, yet in spite of this that the chancres healed ; that the occurrence of secondary symptoms was far from being universal or even frequent ; and that such symptoms when they did occur were mild and indolent, and gradually became resolved into good health. So great was the contrast between these phenomena and the results of the usual Mercurial treatment practised upon the English soldiers, that the leading military surgeons of the time—Fergusson, Rose, and Guthrie—gave up almost entirely the use of Mercury in syphilis ; and their practice has numerous advocates and followers among the foremost surgeons of the present day.

Since that time the non-mercurial treatment of syphilis has been tried on a most extensive scale at the great hospitals of Val de Grace, of Rennes, of Hamburg, and of Stockholm. The number of cases treated without Mercury at these hospitals reached long ago to nearly 90,000. The uniform experience obtained in these experiments has been that the primary sores heal sooner, that secondary symptoms less commonly appear, and that when they do appear they are milder and more superficial than when Mercury had been administered.

So far we can have no difficulty in giving Dr. Drysdale our full sympathy and concurrence. But when from these facts he would have us draw the inference that “Mercury is a cause of disease, not a remedy,” and should be entirely expunged from the Pharmacopœia as an internal remedy (p. 83), we must decline to follow him.

In the first place, we regard it as highly unphilosophical even from the stand-point of old medicine, to suppose that being a

*cause* of disease excludes a drug from being also a *remedy*. What more potent causes of disease than Arsenic, Alcohol, Opium? and yet what remedies are more frequently in use? Has Dr. Drysdale forgotten the old proverb, "*Magis venum, magis remedium*?" But if he shrink from recording upon mere empirical data such a doctrine as this, we can show him in Homœopathy the ground and explanation of the whole matter. Mercury and all other drugs are just remedies so far as they are causes of disease,—so far, and no farther. To be able to cause disease shows a power of acting upon the human frame, and a special affinity for one or more of its tissues or organs. This power and this affinity constitute it a remedy; and without their existence it may be taken as food, but can never rank as a medicine. So far, then, from "cause" and "remedy" being mutually exclusive contraries, they are really correlatives; the one implies the other. It is because Arsenic so profoundly deranges the nervous functions, and so intensely inflames the alimentary canal, the kidneys, and the skin, that it ranks as a leading remedy for ague and neuralgia, for chorea and epilepsy; that it checks the chronic diarrhoea, and clears the albuminous urine, and restores the leprous skin as it were the skin of a little child. This is the principle of Homœopathy, and its practice is consistent therewith. We know well that Mercury is a cause of disease, and we use it as a remedy for every morbid condition it is capable of producing. Few medicines are more frequently in our hands, or more satisfactory in their results, than the various preparations of Mercury. Let this fact be contrasted with the growing distaste and neglect of the drug manifest among the leaders of the old school, and an important moral may be drawn.

Why, then, Dr. Drysdale may ask, if Mercury be Homœopathic to syphilis, and rightly used as its remedy, are the results of the Mercurial treatment of the disease so unsatisfactory? The answer is to be found in the matter of dose. It is obvious, that if a drug is capable of acting upon the same tissues as those involved in a disease, and in a manner similar to that of the disease, it must be always possible by giving a sufficiently large dose to produce an aggravation of the symptoms. No one

would send a full dose of Arsenic to an inflamed stomach, or of Cantharis to an inflamed kidney, without being prepared for such a result. But it seems also to follow, that though you may so far reduce your dose that no aggravation is apparent, it may yet be sufficiently large to keep up the diseased action, and so retard rather than hasten the recovery. The ill effects of the old school use of Mercury in syphilis are quite intelligible upon these *data*. The enormous doses of sixty years ago caused severe aggravations; the primary sores became phagedenic, and the secondary symptoms virulent and destructive: and although these terrible phenomena are rarely met with under the more moderate dosing of the present day, yet quite enough of the drug is given to retard recovery, and predispose to secondary affections. Dr. Fergusson, looking back in 1846 upon his Peninsular experiences, writes,—“ Were I now to make a scale of the applicability of Mercury, I would say that the tithe of what formerly used to be administered is the proper initiatory quantity in any case, until it be ascertained whether it suits the patient's constitution or not; that again, *a tithe of that tithe*, or a centime, is the allowable preliminary dose in secondary symptoms; for, wonderful to say, those which were once believed to be ineradicable in less than a lifetime of Mercury are now found to be cured with far greater facility than the primary symptoms.” (Quoted by Drysdale, p. 59.) The Doctor has hit upon the right track: and if others will only follow it, and reduce their dose to fractional quantities, they will soon find that Mercury in appropriate cases exercises a most beneficial influence over syphilitic disease. We commend to Dr. Drysdale's notice the admirable practical work of Mr. Yeldham, on “ Homœopathy in Venereal Diseases.” If the cases there recorded do not show that Mercury, in minute doses, has a real curative action in both primary and secondary syphilis, then no clinical experience is of any value, or ever proved anything.

In thus expressing our dissent from Dr. Drysdale's conclusions, we are not indifferent to the value of the facts he has collected, nor to the honesty and right-mindedness of his zeal against the professional poisoners of the human frame. We think his work likely to do great good. Even his conclusion;

from his own stand-point, is perhaps unavoidable; but the facts and principles contained in Homœopathy alike expose its fallacy, and supply the means for its correction.

Dr. Drysdale's book is, moreover, in one way a special help to us Homœopathists. It depicts the normal course of a disease of which we naturally have much dread, and to which we may feel tempted to oppose remedies of a less refined character than those we use against ordinary maladies. But we see here that syphilis, when allowed to run its course under ordinary hygienic measures and local applications, is rarely other than a mild and indolent disease, wearing itself out with little injury to the frame. In the words of Professor Syme, "the case may be tedious, and the skin, throat, or periosteum may be slightly affected; but none of the serious effects that used to be so much dreaded ever appear, and even the trivial ones just noticed comparatively seldom present themselves." There is nothing, therefore, in syphilis which should disturb us from calmly acting upon those immortal principles which have already made us masters of so many forms of human suffering. The natural history of syphilis is given us now, as that of pneumonia was given us years ago by Dietl. We venture to say that Homœopathy will prove itself able to shorten the natural course of the one, as triumphantly as it has shown its power to diminish the natural mortality of the other.

## MISCELLANEOUS.

### *History of Homœopathy in America.*

In the February number of the *North American Journal* is an interesting account of the introduction and early history of Homœopathy in New York by Dr. Gray, from which we make the following extracts:—

Among the few physicians who caught the first rays of the dawning truth was our beloved predecessor, the late Dr. Hans B. Gram, then a practitioner of most deservedly high repute in the city of Copenhagen. His father, a Dane, emigrated to this country about the close of our revolutionary war, married an American wife, and became a citizen of the republic. The elder Gram was a man of

culture and of highly respectable family in his native land. He was unfortunate in business, and died a few years after his marriage, leaving a small family in narrow circumstances, of whom our dear friend was the eldest. After his father's death, young Gram, a lad of not more than fourteen years, went out to Copenhagen with the hope of retrieving some portion of his father's share of the family estate. In this he was unsuccessful, but his relatives there took good care of him, furnishing him an excellent classical and scientific education, and at proper age placed him in the Royal Medical and Surgical Institution of the Danish kingdom. The king's physician, the late Professor Fenger, was Gram's uncle, and through this gentleman's favour he enjoyed the best advantages of the schools and hospitals of northern Europe; advantages which he diligently used down to the last moment of his pupilage. He was officially connected with the Royal Military Hospital, near Copenhagen, during the last seven years of the Napoleon wars, residing in the edifice much of the time, as assistant in surgery. About 1809 Dr. Gram commenced the practice of his profession in Copenhagen. He was unusually successful; so much so, indeed, as at the age of forty to have acquired a competency for his future support and to enable him to render assistance to the younger members of his family, all of whom remained in this country.

Gram tested the method of Hahnemann, during the years 1823 and 1824, fully and most cautiously, as well on his own person, with reference to the verity of the pharmaco-dynamics, as in his extensive practice, with reference to the truth of the maxim of Homœopathy, *similia similibus curantur*.

Having, in the year '25, attained an entire faith in the soundness of the laws and in the practicability of the new method, he resolved to return to America for the purpose of introducing it to the profession in his native land, under the institutions and conditions he deemed more favourable to its general adoption than Europe afforded. In 1825, Dr. Gram gave up his lucrative practice in Copenhagen and came to New York. He translated one of Hahnemann's powerful essays, that entitled "Spirit of Homœopathy," (*Geist der homöop. Heil-lehre*) and published it in the form of a letter to Dr. Hosack, at that time President of the New York College of Physicians and Surgeons, and Professor of the theory and practice in that institution. It was gratuitously distributed among the leading members of the profession throughout the country, and especially

among the officers of medical schools. Unfortunately, Dr. Gram's long disuse of the English language, comprising over twenty years of his residence in Denmark, gave his pamphlet so quaint a construction and style as to render it very difficult to read it intelligently. Indeed, I much doubt whether any of the gentlemen to whom it was sent ever overcame this obstacle ; certainly Dr. Hosack, with whom I conversed on the subject of Homœopathy two years afterwards, had not done so.

Fifteen years later this immortal essay was ably and felicitously rendered into English by Dr. Scott, of Glasgow, in Scotland. It is greatly to be regretted that Gram's version had not been as fortunate; for a statement so firm, succinct, and invulnerable at all points, made as a sharp epitome of Homœopathy by the founder himself in his strongest stage of activity, could not have failed to produce a wide impression at that day, when the profession in this country had not shut their eyes to the literature of a system they have since only learned to know by technics, and to reject without examination.

Gram was disappointed. He thought in this free land the people too were philosophically free, and that the great truths so clearly set forth by Hahnemann in that essay would be hospitably entertained by the republican physicians of the United States. But however imperfectly he effected his version, with reference to the American reader, it was grammatically executed, and it cost him immense labour; for the treatment of the subject is a severe task in any other language than German, and therefore, even for a thorough adept in medical literature and in the art of rendering German into English, full of difficulties. Although this praiseworthy effort fell short of its high mark, it was nobly aimed, and is a monument of no little value as to the time and mode of the introduction of Homœopathy into the Western Hemisphere. Moreover, the selection of this essay, in my opinion the ablest of Hahnemann's polemic treatises, is itself a test of the quality of Gram's own genius and culture.

Dr. Gram's arrival and the publication of this essay precede by several years every other effort to disseminate the doctrines of Hahnemann beyond the confines of Germany and Scandinavia. He was not only the pioneer of Homœopathy then in this country, but the first in any trans-Germanic country in all the civilized world.

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Next in chronological order to Gram, I entered the lists in the study and support of Homœopathy. One of my patients, Mr. F. L. Wilsey, a merchant, who afterwards studied medicine, graduating in 1846, introduced me to Dr. Gram in 1826. I had treated Mr. Wilsey for an inveterate dyspepsia a long time, and with such poor success that he besought me to consult with a stranger who had brought from Germany an entirely novel mode of practice. With much reluctance I consented, and the result was that the patient passed into Dr. Gram's care entirely, experiencing early and marked benefit from the change, which I ascribed to his improved diet. But, as I could not answer Gram's arguments in support of the new method, and as my training, reading, and experience, which had been unusually extensive for so young a man, had failed to inspire me with confidence in any past or existing plan of therapeutics, I was very soon ready to put the method of Hahnemann to the test of a fair but rigorous observation. Moreover, Gram's inimitable modesty in debate, and his earnest zeal for the good and the true in all ways and directions, and his vast culture in science and art, in history and philosophy, greatly surpassing in these respects any of the academic or medical professors I had known, very much shortened my dialectic opposition to the new system.

I selected three cases for the trial, the first "*hæmoptysis* in a scrofulous girl, complicated with *amenorrhœa*; the second, *mania puerperalis* of three months' standing; and the last, *anasarca* and *ascites*, in an habitual drunkard." Following Gram's instructions, I furnished the proper registry of the symptoms in each case. He patiently and faithfully waded through the six volumes of Hahnemann's *Materia Medica* (luckily we had no manuals then), and prescribed a single remedy in each case. The first and third cases were promptly cured by a single dose of the remedy prescribed, and the conditions, as to diet and moral impressions, were so arranged by me (Gram did not see either of the patients) that, greatly to my surprise and joy, very little room was left for a doubt as to the efficacy of the specifics applied. The case of mania was perhaps the stronger testimony of the two. The patient was placed under the rule of diet for fourteen days, previous to the administration of the remedy chosen by Gram. Not the slightest mitigation of the maniacal sufferings occurred at that time. At the time of the giving of the remedy, which was a single drop of very dilute tincture of *nux vomica*, in a drink of sweetened water, the patient was more furious than usual,



tearing her clothing off, and angrily resisting all attempts to soothe her. *She fully recovered her reason, within half an hour after taking the nux vomica, and never lost it afterwards.* A fourth case was soon after treated with success, which had a worse prognosis, if possible, than either of the others. It was one of traumatic tetanus. During the first year of my acquaintance with Gram, I subjected only my incurables and the least promising instances of the curables, to Dr. Gram's experiments; but this was simply because I could not read the language of the *Materia Medica*, and it was impossible to do any more, without a knowledge of the German. During that time I surmounted this difficulty, and became a competent prescriber of and a full convert to Homœopathy.

In 1829, Abraham D. Wilson,\* the second convert, joined us. This is not perhaps the fitting occasion to speak of Dr. Wilson as he deserves to be treated—God bless him! but never shall I forget the joy his advent to Homœopathy gave me. A ripe scholar in the humanities, a physician in full practice, a genial man, quick to learn, apt, and able to instruct, I have ever found him just what he was thirty-four years ago, when he came into our communion, a brave follower of truth, a practical friend of justice.

Next came our beloved Dr. A. Gerald Hull. He was studying medicine under my supervision at the time of Dr. Wilson's conversion, and was a member of our almost daily reunions. He took his degrees in the arts at Union College, with distinguished rank, in 1828. He remained there some months, pursuing a post-graduate course of studies in chemistry and anatomy under our late and justly revered colleague, Dr. Joslin, at that time and for many years after a professor at Union. Dr. Joslin and I had studied medicine together, graduating in the same class, in the College of Physicians and Surgeons, and I suggested the course taken by Hull, well knowing the unusual advantages he could reap from Joslin's exact and full attainments in the natural sciences. On his coming to the city, Hull entered Rutger's Medical College. Hosack, Mott, Macneven, Francis, and the great Irish surgeon, Bushe, were the professors. With Francis and Bushe he also studied in extra College courses of lectures as a private pupil. But best of all the assistance he enjoyed, in my estimation, was the daily guidance and conversation of the good pioneer, Gram. In the summer time Gram

\* Just dead, as we observe in the *North American Journal*.

taught him botany; master and pupil making frequent foot excursions for the purpose, in the neighbourhood of the city, analyzing the way side and wood flowers, as they wandered through the rich floral regions of our coast. Wilson and I sometimes joined this party, and also made some advances in botany under Gram. In the winter evenings Gram reviewed descriptive anatomy with Hull in a methodic course of dictation in the Latin language, which the pupil was required to record in writing as it fell from the master's lips; a task which probably no public teacher in any of our American colleges could have executed, and I am quite sure no other pupil could have performed his share of the exercise better than did young Hull. Whatever is charming in the development of a brave and industrious student of the natural sciences and of medicine, was seen in full glory in the professional growth of that pure young man, in his relations with his riper instructors. Drawn by his zeal and proficiency in learning, his moral rectitude and his sweet courtesy of manner, each of these in turn, from Joslin down to Gram, became his earnest friend and willing preceptor. In all, Hull spent four years of professional studies, after his full terms and graduation at Union, in this way; and you, my dear colleagues, most of you, had opportunities to know from personal intercourse with him how well he profited by these advantages, and how worthy he was of the consideration he enjoyed, as a man, an author, and a physician.

In 1832, Hull formally entered the profession. Voluntarily imitating the legal custom of North Germany, he underwent the public and recorded examination, at that time established by the Medical Society of the County of New York (as did Dr. Curtis after him), and after a trial of his attainments, which occupied thirteen hours, he received the diploma on the unanimous vote of the censors, in the presence of a large concourse of medical gentlemen who were interested in the new mode of examination. Hull's was, I believe, the first case under that method. Our colleague, Dr. Wilson, was one of the censors, and he can tell you how potent an instrument that form of trial was for testing the qualifications of examiners as well as candidates. If that perfect institution could have been spared in the county society, and extended, as it must soon have been, by legal enactments, to all the sources of license in the state, we should at this day have had a body of physicians and surgeons fully equal to the requirements of justice and humanity,

instead of the sadly deficient profession around us. The cupidity of the college dealers in diplomas, however, strangled the salutary innovation in the society, and killed our persevering efforts with the Legislature to establish it by law. It must rise again ; a surfeit of foul monopolies will one day paralyze the existing trade in diplomas. Gram and his little circle were the introducers of the method. It cost two years of arduous exertion ; but it was worthy of a lifetime more to establish it permanently !

Dr. Hull was actively engaged in his profession for 27 years. His debut as a writer in support of Homœopathy was made in the *American Journal of Homœopathy*, published by me in 1834, of which he was the associate editor. In 1840 that work was resumed after four years' suspension, under the title of the *Homœopathic Examiner*, of which he was the responsible editor, which reached its fifth volume. He also edited four American editions of Jahr's Manual, and aided in the Symptomen-Codex of the same author. He likewise edited an American edition of Everest's *Popular View of Homœopathy*, and several editions of Laurie's Domestic Practice. Perhaps it is not extravagant to say that he did as much by his practice and his writings for the amelioration of medical abuses, and for the extension of Homœopathy in the United States, as any other member of the profession in his time. He died in 1859, leaving behind him the memory of an unblemished manhood, the character of a good and efficient physician, and a train of works and labours worthily begun which must long survive and bless him. I earnestly commend his orphan boy, the sole inheritor of his name, to your care and kindness, when I too have followed our friend and colleague to the better land. You will not forget him !

Next in order came Dr. William Channing, a man of large culture in letters, and very thoroughly educated in medicine. He was in the mid-prime of his life at the time of his conversion to Homœopathy, which occurred in 1832, during the first appearance of the Asiatic cholera in this country. He had joined Gram's party in the county medical society for the establishment of the public and recorded examination of candidates, and having been elected in that body to the office of censor, with Gram and Wilson for colleagues, he was frequently in our little circle, and often, of course, the new practice was discussed with him. On the first outbreak of the cholera, Channing visited the hospitals, and tendered his aid in prescribing for the victims of the epidemic. Seeing the ill success of the ordinary

expedients, he made a public trial of *camphor*, *veratrum*, and *cuprum*, as prescribed by Hahnemann. He thought so well of the results that he published them over his signature in the *Commercial Advertiser* of that day, and soon after avowed his entire change of practice. Channing's was an eminently logical mind, attending with full earnestness to all topics of a philosophical character, till he arrived at definite conclusions, and when he reached these he was firm and decided in their maintenance. He was not of the sceptical class on any topic. In politics, he was a republican of the Hamilton school; in religion, a Unitarian, with his cousin the great William Ellery Channing, of Boston; and in medicine, till his conversion to Homœopathy, an adherent of the physiological system of Broussais.

With Channing's conversion came also the first divergence in practice among the Homœopathists in this country. He was a thorough Hahnemannian in all his views and practice, which neither of his predecessors was. Gram, Wilson, Hull, and myself held, from first to last, that those expedients of the old practice which had attained a solid basis of empirical certainty as to good results in given and well-defined cases of disease, ought not to be laid aside. The list of such expedients, when culled with due care from all the past annals of clinical medicine, and denuded of all the hypothetical adjuncts of the soi-disant Rationalists, was very small indeed, but valuable in our sight, and by no means to be abandoned till they were surely replaced by the ever widening range of physiological provings. As examples of this class, I may cite the endermic use of mercury in some inveterate forms of syphilis, apocynum in ascites, and the letting of blood in a certain agonizing form of dyspnoea. Although we ever held it a duty to search the *Materia Medica Pura* for a *simillimum* in each such case, in common with all others, yet in default of the purely scientific means we held it an equally imperative duty to recur to the grand clinical annals of the profession in search of the best supported empirical means of relief. We agreed with the maxim given by Celsus, when he sums up in his first book the discussion between the old Greek parties, the Rationalists and the Empirics: "*A certis et exploratis petendum esse presidium.*"\* Channing, on the other hand, held with Hahnemann

\* "*Quod si scientiam hanc non subjeceat evidens causa, multo minus eam subicere quas in dubio est. Cum igitur illa incerta, incomprehensibilis sit, a certis et exploratis petendum esse presidium, id est, HIS, QUAE EXPERIENTIA IN IPSIS CURATIONIBUS DOCEBIT.*"—Golden Words of Duty!

and the vast majority of European Homœopaths, that such recourse was in no case justifiable, and from first to last was a Hahnemannian pure and simple. His organization indeed bore a very striking resemblance to that of the great founder in more points than one ; and especially in the powerful development of the upper part of his forehead as compared with the lower, effecting a predominance of the reflective over the perceptive faculties. With Gram both ranges were very full, but they were evenly balanced ; Gram's head and bust were as strikingly Socratic as Channing's were Hahnemannian ; and there was a corresponding difference in their mental and moral characteristics. At the time of Gram's arrival in this country, the founder of the school had not adopted his later and latest practice of attenuating the remedies ; and our method in this respect, till 1833, was to administer doses equivalent to the first and second centesimal dilutions. With few and short exceptions (which I ever regretted) we adhered to this usage, whilst Channing went up promptly with Hahnemann in his doses, fully believing in the potentizing process and faith of the master, and even after the death of Hahnemann, going out of the very roof of all scientific observation with the enthusiast, Jenichen of Wismar. Nevertheless, these differences (as to empirical means in some cases, and the doses in all) created not the slightest jar in the harmonious personal relations of our little circle, as an analogous state of things had done in Europe between Hahnemann and some of his earliest and ablest disciples.

Channing had high views and well-matured maxims of personal rights. He compelled himself to respect the right of private judgment in medical polemics, as he did in religious and all philosophic differences. Dr. Gram was still further ahead of his time and of ours, in the science of human relations and in the harmonious practice of absolute toleration. Our frequent reunions, therefore, remained, as they were before the advent of Channing, a social joy, a festival in the humanities and a profit in science and philosophy, till the death of Gram, in 1840, broke them up for ever.

We had other topics besides Homœopathy in which we derived deeply interesting instruction from Gram ; among which, with your indulgence, I will name the discoveries of Mesmer and the craniology of Gall. In each of these directions Gram led the way to a wider and deeper knowledge of the relations between soul and body, the human and the divine, the transitory and the permanent, than can be entertained by merely materialistic researches. "*Aude sapere*" was

our motto ; at least we shut our eyes to the light of no fact in God's universe, nor did we refuse to listen to any earnest man's inferences from real phenomena, howsoever they might conflict with our own. Psychology was no less welcome to us than her twin sister physiology ; and we often found that she had just as important relations with the art of healing and with our power to administer it as had physiology.

Channing was in full practice when he came to us. He laboured strongly for the advancement of our truth in his practice and in society, although he wrote but little. His only publication was an address to an Allopathic society ; but that lecture, which was an argument in support of Homœopathy, is a work of great power and of much merit in all ways. The society published it at the time, much to the credit of their liberality ; and the members of our school, at my instance, republished it some ten years later. Channing failed in health in 1844, and after many dreary years of disease, marked by a sad decadence of his once grand mental powers, he paid the debt of nature in 1857.

About the time of Channing's coming over to homœopathy, namely, in 1832 and 1833, Dr. Jourdan, of Paris, translated the *Materia Medica Pura*, and *Jahr's Manual*, into the French language, and these works very soon made their way into this country. This event marks an important epoch in the extension of homœopathy the world over. Prior to it, no physician could test the practice, or study its principles, with any approach to success, without first making a fair conquest of the German language ; and very few men in middle life, especially physicians engaged in the ceaseless cares and toils of their profession, could surmount this barrier. Hull, Curtis, and I had done so, at the instigation of Gram, and doubtless Channing would have accomplished this arduous task, had not the labours of Jourdan rendered it far less important.

This difficulty fully explains the slowness of the expansion of our system during the first eight years of its practical existence here in New York. Moreover, it readily suggests the reason why the early converts here did not press the subject on the attention of their medical brethren in their private intercourse. We enjoyed a wide circle of professional acquaintance, and had frequent meetings with them in the medical society, and in large private consultations during the two years we were agitating the educational reform, but with very few exceptions the topic nearest our hearts was treated of

sparingly in all this intercourse. It was treated with still greater reticence among our patients, for the season; and as it was wholly impossible, except among the few educated Germans then in New York, to speak of the new practice among the people generally, without incurring, however incorrectly, the odium of quackery. The propounder of a reform of any kind, which jostles the immemorial usages of society, should be very careful to note the time and conditions for this work; otherwise he may do more harm, even with a valuable truth, than other men do in striving to bolster up existing errors. The Iconoclasts probably retarded the progress of Luther's reformation, and certainly limited its political extension, by their rude assaults upon all images, pictures, relics, and statuary. When occasionally we were asked by medical men, who saw in the European journals the angry diatribes which now and then appeared against Hahnemann, whether we too were his disciples, we answered truly, "yes, and that for good reasons;" but we shunned debate with them, and avoided all explanations to the laity, as being alike useless and uncongenial to our tastes and sense of duty, under the circumstances. But we were not idle; we worked for the future in mutual education and preparation; and when the translations were effected into all the spoken languages of Europe, as they were in 1837 and 1838, we re-established our journal of homœopathy and our distinct public homœopathic society. The hour of manly, open combat arrived at last; and it found us, after so many years of patient waiting, harnessed for the fight.

One of our ablest converts, during this early stage of the system, and the last, was Dr. Joseph T. Curtis, a bright classical scholar and a man of genius; a child of misfortune in many ways, but ever a thorough student and a thorough and most impressive gentleman. He was a private pupil of Gram, and, when he entered the profession, became his associate in the practice. Curtis produced a small treatise on the materia medica in 1841, which gave favourable indications as to his future usefulness; but his health broke up soon after, and his fate sadly disappointed us all. His practice was large and successful during the ten years in which he could work, and his personal influence with men of weight and character exerted a very strong bias in favour of homœopathy in all this community.

With the exodus of homœopathy from the German into the French, Italian, Spanish and English languages, which occurred from 1838 to 1840, arose the epoch of its rapid extension. As soon



as it was possible for the actual practitioner in non-Germanic countries to read the *Organon* and make use of the *materia medica*, which was fully effected by 1840, converts by hundreds in each of them flocked to the standard of Hahnemann. Infirmaries, societies, journals, and systematic efforts for the public teaching of his method sprang almost simultaneously into existence, in every state and kingdom of the civilized world. But I believe it nowhere exerted a wider or stronger scope of influence than it attained in this city, as early as 1840, the year of the re-appearance of our Journal, and of the publication of Jahr's Manual and other practical treatises by Dr. Hull.

Dr. Ticknor, Dr. George W. Cooke, Dr. Freeman, Dr. Taylor, Dr. Coxe, of Williamsburgh, Dr. Rosman, of Brooklyn, Dr. Joslin, Dr. Snow, must be named from among our departed, with profound respect and hearty affection, as coming into our ranks here, with all their experience and learning and moral and social influences, to give a new and potent impetus among us to the mild and beneficent reform which had so long waited for their brave and grateful co-operation. With varying acquirements and characters, ever diligent, honourable and faithful to duty, were they, each and all: let us cherish their memories and perpetuate the spheres of work they most worthily inaugurated!

Before the commencement of this second stage or epoch of homœopathy, the foundations were laid in Philadelphia for its permanent establishment and extension there by Dr. Hering and Dr. W. Wesselhoeft, two German converts recently arrived in the country.\* In 1835, they obtained a charter from the State of Pennsylvania, and located a college and book establishment, near Bethlehem, for the instruction of students and allopathic practitioners in homœopathy; and they also published a journal of the system.† This liberal and in all respects truly republican enterprise was six or eight years ahead of its proper time, and failed on that account simply. Dr. Hering returned to Philadelphia and resumed the general practice in 1837, working with enormous activity and great effect for the extension of homœopathy. He is a learned naturalist as well as

\* Dr. William Wesselhoeft came as early as 1830. He was a scholar of note, and a professor in one of the large German Universities, before his adoption of Homœopathy. He died two years since, in Boston.

† The *Organon*, revision of Stratton's translation, was published by the academy, and several other standard books, in 1836—8.



physician, and withal, as I estimate him, a man of genius and originality seldom surpassed in any age or country.

Our able and worthy colleague, Dr. Edward Bayard, studied with Dr. Hering. Dr. Hering has contributed, as you all know, largely to the *materia medica*, besides publishing an original book on domestic medicine, the only one of its kind known in our school. He was a favourite with Hahnemann, and fully supported the old master's posology and methods of administration; although, like Channing, he never imitated Hahnemann's acerbity toward those who did not coincide in these respects with him. Liberal and genial and ever at work, may he long live to adorn his profession and bless his fellow men.

Gram failed in health, completely, just as the new period began to dawn upon us. Broken in heart by the misfortunes, insanity and death of his only brother, upon whom he had lavished all the estate he brought with him from Europe, he was attacked by apoplexy in 1838, and after many months of suffering passed away in February, 1840. Wilson and I tenderly cared for him, and Curtis watched him as a faithful son would do a beloved father. He was an earnest Christian of the Swedenborgian faith, and a man of the most scrupulously pure and charitable life I have ever known. In the presence of want, sorrow, and disease, secluded from all observation of the world, he ministered with angelic patience and with divine earnestness. The squalid hovel of the sick poor was to Gram ever the most holy temple of religion; its atmosphere consecrated his whole soul to the strongest exertion of his many-sided wisdom, the most perfect and potent application of his pains-taking art. His conscience was then all alive to heavenly inspiration. No darkness, or wintry storm, or failure of strength, or allurements of the world, detained Gram, when the suffering poor needed his healing presence. He believed in God; he worked and walked his earth-pilgrimage with his Redeemer. And yet, this good man and earnest believer was often called an infidel, sometimes even by thoughtless Christian ministers, because he abstained from the topic on all occasions, and with all people, except when he was called to the performance of his kind of religious worship.

About the period of Gram's decease, homœopathy began to be supported in various cities of this State, and very soon after, that is to say, from 1841 to 1844, it was also established in Boston, Providence, and Portland, in the east, and at New Orleans, Savannah,

and Baltimore, in the south. In this State, Dr. I. M. Ward, was the pioneer in Albany, the late Dr. J. Bryan, in Troy, Dr. Henry D. Paine, now of Albany, in Newburgh, our deeply lamented associate and former secretary, Dr. George W. Cooke, at Hudson, the late Dr. Robert Rosman and Dr. P. P. Wells, at Brooklyn, and several others, of excellent character and attainments, in the smaller towns and villages. In the east, I cannot omit the names of Dr. Gregg, of Boston, Dr. Okie, of Providence, and Dr. P. Clark, of Portland, each a worthy and energetic practitioner.

At Baltimore, Dr. A. Haynel, an original pupil of Hahnemann, and one of the early European converts, established the new method on a firm basis, as early as 1838. Two of my own pupils opened the practice, the one in New Orleans and the other in Savannah; both were very successful in their work; both have passed away, leaving strong and faithful characters, and earnest friends of homœopathy in their adopted cities.

Dr. G. M. Taft went to New Orleans, and Dr. James B. Gilbert to Savannah. Some of you had the pleasure of knowing these brave, diligent, and well-educated men while they were pursuing their studies here among us, and you, with me, know how worthy they were to be standard-bearers of our method in new fields of practice.

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### *Manganese as a Remedy in Diseases of the Stomach.*

Pain caused by food is a very common functional affection of the stomach, and it affects women more frequently than men. Its ordinary position is at a spot just below the ensiform cartilage, but it may be localized at other points over the region of the stomach. At times it is diffused over a considerable space. When it has continued some time, and especially if its seat is the spot first mentioned, the affected part feels sore on pressure, and this soreness may remain after cessation of pain. In many cases pain extends a good way upwards beneath the sternum, more rarely it is diffused downwards towards the umbilicus, or even below it. It frequently extends towards the right in the track of the duodenum, and is sometimes experienced in the cardiac region itself. In many cases pain shoots from the part locally affected as from a focus, in various directions through the thorax, frequently to the upper part of the back.

The perception of pain by different individuals is variable, which partly accounts for the varying descriptions of the present affection. By some patients it is described as a dull continuous pain, by others as of a tearing, gnawing, or scraping nature, or like that which might be caused by a tight ligature.

The pain usually comes on from a quarter of an hour to an hour after a meal, but in severe cases is induced by taking even a few morsels of food. Its duration is uncertain, but it usually lasts some hours. There appears to be always a short interval between the time of swallowing the food and the occurrence of pain. A valuable means of diagnosis between it and the pain of ulcer of the stomach, in which pain generally happens immediately on swallowing solid food, is thus afforded. But the intensity of pain affords no measure of the gravity of the disease. The pain of cancer or of other organic diseases of the stomach may be less severe than that which is purely of a functional nature. Flatulence with a sense of distension are experienced in some cases, while in others they are entirely absent. Constipation is not a prominent feature of the disease.

The pain and tenderness are seldom connected with gastritis, as their transient nature, as well as the accompanying symptoms, sufficiently prove. They are simply an expression of exalted sensibility of the mucous membrane of the stomach, which becomes intolerant of the natural contact with the food, or, else of the gastric juice itself. The facts that the pain does not come on until the food has been some time in the stomach, and that albuminous food—that which requires gastric juice for its reduction, causes suffering, while starchy aliments cause it in a less degree, or, not at all—support the idea that the gastric juice is its source. I have been led by several circumstances to the belief, that the epithelial coating of the gastric mucous membrane is imperfect; that it is either shed too rapidly, or, owing to its imperfect growth, is inadequate for the protection of the delicate surface which it covers. Thus, the state of the tongue whose surface is continuous with that of the stomach, is generally very characteristic of the disease. Owing to a denudation of its epithelial covering, its extremity is very red, and its irritable-looking papillæ stand prominently out. The effect of treatment also proves that inflammation is not concerned in the disease.

I have thought it necessary to describe in some detail the nature of the disease before bringing forward a new remedy for it, because there are other painful conditions of the stomach which are not benefited by the same means. Its successful use will, therefore

greatly depend on accuracy of diagnosis. The gastric pain caused by gout, generally connected with an excess of acid, is not removed by the same treatment; the pain which attends organic disease of the stomach is little influenced by it, and the same may be said of the neuralgic pain, which is especially apt to occur when the stomach is empty.

In the treatment of the disorder before us, direct sedatives seldom give more than temporary relief. Opium has the great disadvantage of inducing constipation. Prussic acid, with or without alkalies, so useful in some kinds of stomach pain, is generally futile. But the nitrate of bismuth has long been in deserved repute; more recently it has been almost superseded by its carbonate. These preparations are also open to the objection that they induce constipation. Both these substances are but sparingly soluble in the fluids of the stomach, and it occurred to me that their beneficial action may be exerted in a mechanical manner. It seemed possible that the diffusion of an inert powder over the walls of an empty stomach might, as it were, blunt the over sensitiveness of its mucous membrane. With this view I tried, in several cases, the effects of silex prepared by precipitation from its solution, a perfectly inert and insoluble powder. The results were not encouraging. Passing then to substances which combine mechanical with a special action, I tried in many cases the saccharated carbonate of iron with little success. A fair trial of the magnetic oxide of iron yielded no better results. All the substances mentioned were given in doses of from x. to xx. grains. In pursuance of the same inquiries the black oxide of the manganese, freed from impurities, at length came under trial. Here the results have been unexpectedly satisfactory. After having used it in several hundred cases, both in hospital and private practice, and after an experience of some years, I do not hesitate to pronounce it a most valuable addition to our stomach remedies. It is certainly more efficacious in allaying the hyperæsthetic state of the mucous membrane than bismuth. This has been proved by alternately exhibiting each remedy for a week at a time in severe cases, and carefully noting the results. But, independently of this, manganese has one cardinal advantage—it does not constipate. Assuming them equal in other respects, this alone is enough to stamp its superiority over bismuth, in the use of which we are constantly obliged to tease the gastro-intestinal surface with irritating purgatives. Another advantage not to be overlooked, especially in hospital practice, is this



tried the carbonate of manganese in a few cases with good results as regards pain, but in doses of ten grains it is apt to induce nausea, or even vomiting. The sulphate given in solution also allays pain, but I found that even five grains is still more liable to disagree with the stomach.

The ordinary black oxide of manganese is very impure, and therefore unfit for use. The purified manganese may be obtained from Messrs. Garden and Robbins, 372 Oxford-street, W. I shall feel indebted to any gentleman who may make a trial of the remedy, for a report of the results.—*Med. Circ.*, Jan. 6, 1864.

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*Pressive Pain in the Forehead and Vertigo.—Calc. carb.*

By DR. J. HOPPE, of Basel.

[*Alg. Hom. Zeitung*, vol. 68, p. 20.]

When *chamomilla* 12 or *belladonna* 12 do good, that strikes me as nothing strange, for I comprehend the power of action of these dilutions from experiments and deductions. But when *calcareo* 12 does good this is always to me an event which weighs on me by its mysterious character. I have therefore noted with peculiar care, the cases in which *Calcarea* 12 produced good results.

Felix Br. . . . a small proprietor, told me, on occasion of a boil, his whole case. The boil was seated on the right malar bone, and had become very painful the night before (the pain was chiefly burning); it had a mattery head, and the lower eyelid was reddened and œdematous. The patient was middle-sized and black-haired, he looked well and had a fresh complexion and round cheeks; pulse 60, and strong, appetite good, stool always hard, sleep for years short and restless (in consequence of nursing a sick wife for seven years he presumes), eyes weak, head easily affected, pressure in the forehead, vertigo, pressure in the hepatic region, and on exertion, burning at the pit of the stomach, with waterbrash; he ate little, but drank proportionably much coffee, though almost no wine. Exhausted by nursing his wife, who, in the meantime had died, he had had five years before a nervous fever, since when he had never felt quite well; but had never married again. This patient seemed to have no inclination for the treatment of his general disorder, which he had made up his mind was incurable, and he had

determinedly given up all medicine after trying a great lot in vain, according to his own account. He therefore wanted only to be cured of his boil. He got Aq. Nuc vom. two drachms. On the 17th of March, viz. twelve days after, I was sent for in a great hurry. The patient had sunk down as if by an apoplectic stroke, with pressing headache and vomiting, and I found him with a very disfigured and pale countenance, with short small inspirations, and almost loss of consciousness, lying helpless on a sofa; pulse 60, weak and small. After the application of warmth, Hoffman's drops, and mustard plasters, he revived a little, and I then give *tr. moschæ* three drops, in a drachm of alcohol. In three hours he had come round again. He had been subject to such attacks for five years, but had only had them twice in the last two years; the attack of that day was the severest of all, and formerly he had never vomiting in them. Also, this attack had come very suddenly, yet he had felt for several days more pressure in the forehead, and had not slept for three nights, and had been reading the night before, which he could seldom bear, and in the forenoon he had cold and shivers in the legs. What was that attack? It made a strong impression; yet it appears to me that it was merely to be looked on as a kind of faint, caused by damp weather and probable indigestion in a sensitive subject, weakened by sleepless nights. The indigestible article, I concluded, was *café au lait*, which he took frequently, instead of supper. On the 18th of March the patient was again pretty much in his usual health, though the pressure in the forehead was somewhat worse—a pressive pain that went quite through the head to the occiput, and also the vertigo on moving the head was worse than usual; pulse 60. The pressure on the forehead was especially excited by exertion, excitement, noise, music, stooping, and smoking, and the pain thereby brought on subsided at times soon on lying quiet. As far as concerns the stomach, there was for the present no marked symptoms. Nux vom. 12, two drops every four hours. Coffee and wine forbidden. On the 20th of March the pressure on the forehead and occiput was gone, and the patient complained only of slight vertigo, and a disturbed feeling in his head; no weakness in his body nor stomach symptoms, and a feeling of more lightness throughout the body; pulse 60, and somewhat weak, still coldness of the legs up to above the knees. No medicine. On the 26th of March he complained again of the pressure in the forehead, and of

“anxious” pressure, and again, of “ruined” feeling in his head, with distinct vertigo on stooping, and at the same time again heart-burn in turns; also vertigo while lying down on turning the head quickly, frequent zig-zag flickering before the eyes, *muscæ volitantes* before the left eye mostly, and *hebitude*, i.e. painful feeling of weakness of the eyes on straining them a little, with presbyopia; also at times singing in left ear, and the vision worse on that side, and all the teeth loose on that side, though without pain; also in the palm of both hands, *crispatura tendinum*, especially in the fifth finger, and this contraction of the tendons and aponeuroses was stronger on the right side. The sleep lasted from 1 to 3 A. M., and had improved little since he was under treatment; appetite and stool good; and the pulse, which varied seldom, was this day 68 and full. *Atropine* 4 dil. sixteen drops to be taken within two days. 28th March.—The patient complains more. He was in the act of moving to a new house, and made a great work about it; this perhaps disturbed him. He complained of general weakness and diminution of his already scanty allowance of sleep; in the night before he had about six o'clock, a headache of a pressing character in the whole head, and vertigo, so that he had to be rubbed with vinegar. Such nocturnal attacks were not unfrequent, and were accompanied with anxious fears. On the other hand the *muscæ volitantes* appeared to be better, and the stomach also remained well. *Calc. carb.* 12, four drops twice a day. 31st March.—Decidedly better, the moving still goes on and nothing in the habits of the patient has been changed. The pressure in the head came much seldomer and in a much slighter degree, and also the vertigo was less; in the night before the patient had slept well, in spite of his exertions, while formerly the sleep remained equally bad, whether he worked or rested, in fact was rather worse when he worked in the day. In consequence of the better sleep he feels in all respects better. The stomach right and the tongue clean; since giving up coffee he has often thirst, and the bowels are somewhat sluggish, and moved daily. The *muscæ volitantes* were quite gone, and also a painful sensation in the left eye that used to accompany them, and the left eye was firmer and the sight better. *Calc. carb.* 12, two drops twice a day. April 6th.—Only now mere traces of the pressure in the forehead; in all respects he is much better, and light in body and cheerful, and the sleep good. Also the singing in the ear had



not returned.—*Calc. carb.* 12, four drops every three days. November 6th.—I have seen the patient frequently since the above, and he has been always well, and boasted of his good health.

Did then the *calcareo carbonica* do good? Certainly! But in the first place it is certainly not true that every trace of pressure and vertigo is gone, and that the sleep has remained constantly so good. A man of 57, whose health had suffered many assaults, and who had had attacks of illness of the above description, must still retain plenty to complain about, even after the most successful action of medicines. Nevertheless, the patient has not told falsehoods; but he failed to observe small troubles, and he probably knows their unavoidable causes, though he may not speak of them. Secondly, the *atropin* must be taken into account, as it acted well on the eyes; but we cannot attribute to it the nocturnal attack of the 28th of March, nor the favourable change that took place under the *calcareo*, because *Belladonna* does not possess the corresponding symptoms. Then there is to be remarked that the patient moved, as he says, into a quieter house, and that he attributes to that the *continuance* of the favourable change, for this began on first moving. But it must be said that his former dwelling was not noisy, and it is therefore a proof of his improved bodily and mental condition, that he calls his former dwelling noisy. With all these considerations, the action of the *calcareo* becomes depreciated, and with the lapse of time appears so much the more uncertain. Nevertheless, the symptoms of *calcareo* and experience with it, speak in favour of its having done good. There are patients who have no sense or comprehension for the action of medicines, and who cannot take any interest in these phenomena of Nature, partly from the fault of medical men. It is, further, *very difficult* to find out the work actually achieved by a medicine; but it is the striving to show clearly the results of the action of a medicine, that is the *sole* sign of acting up to our calling. Finally, the scientific gain from practice is so infinitely small, that we must admire the patience and perseverance of the few who seek to make this gain in their circle of observation; and that we can easily understand how the majority regard it with indifference or even contempt. Many anthropological riddles press into the domain of therapeutics, and help to make the comprehension of this subject more difficult.

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*Cure by Nitrate of Silver.*

By DR. V. GRAUVOGL, of Nürnberg.

[*Alg. Hom. Zeitung*, vol. 68, p. 30.]

J. L., a police officer, æt. 54, had complained for a year that he could no longer follow his favourite field sports, on account of shortness of breath on quick walking, or ascending hills. He was a hæmorrhoidal subject, and had taken all sorts of powders and pills, which at most relieved him for two or three days, and his digestion was so disturbed by drugging for years, that his appetite was gone for some months. Formerly corpulent, he is now thin, and complains of a continual anxious sensation in the region of the heart, and of periodic pains in the belly, tenesmus, burning hæmorrhoids, and a desire to urinate. He was most troubled by giddiness in frequent attacks, and weakness of the whole left side. He had a look of premature old age, earthy complexion, tongue yellow coated, bad taste, region of liver tender on pressure, with perceptible enlargement of that organ. No mucus or blood passed by stool. Respirations 26; pulse 108; palpitations of the heart; no cough; the respiratory murmur scarcely perceptible in many places, and only at the upper part of both lungs dry, vesicular, and distinctly louder. On being desired to draw a deep breath, he did so without pain, but with so little expansion of the thorax, and with so little power of holding the breath for any time, that a greatly diminished capacity of the lungs was distinctly shown. His hands trembled; sleep short, and often interrupted by choking attacks. Discharge of wind upwards or downwards always gives relief. His diet was moderate and regular; it consisted of soup, meat, vegetables, milk, coffee, and a glass of beer twice a-day. He walks an hour or two in the open air daily, and never smokes tobacco. Coffee was forbidden, and *Nux v.* 6 was given once a-day for eight days; then repeated in the same way. Each week he considered himself better in a general way, though all the symptoms continued in a less degree. Four weeks after he was attacked with asthma at 2 A. M. more violently than ever before, and ostensibly from taking cold; it was the middle of summer. Prescrip.—*Ars.* 10 every two hours. In three hours he was quiet again, though still there was palpitation of the heart and quickened breathing. He got one dose of *Ars.* 10 daily. In six days he was able to return to his occupation, and the

breathing was freer. I now gave him one single dose of *sulphur* 30. The sleep then improved, and he had more appetite and strength. But still for four weeks more no inclination for work, and was anxious, and had the vertigo, though not so often, and was troubled with stupefaction in the head, and constipation, which aggravated all his other symptoms. He remained pretty much the same for six weeks, and then urgently desired help against the constipation, for after the bowels had been inactive for two or three days he regularly got again the weariness and the trembling of the hands; then also more sleeplessness and disinclination for work; heaviness and stupefaction in the head, especially the occiput; eructation and an oppressed feeling in the belly, as if it was bound round with a cord, which had come on chiefly since the last asthmatic attack; also while costive the frequent desire to urine, the palpitation and the difficulty of breathing were increased, as well as the feeling of weakness of the left side, and the left arm was then as heavy as lead. *Sulphur* therefore appears not to have been indicated, as the effect was so slight. The proving of the Karlsbad waters by Dr. Porges, seemed to recommend them best now, so I gave the patient every morning half a teaspoonful of Karlsbad salts in half a pint of warm water. This was continued for two weeks, when suddenly there came on a hæmorrhoidal bleeding, with considerable relief of all the symptoms. But this did not last long. With the spontaneous cessation of the bleeding, during which no medicine was given, all the other troubles returned as before. Thus I went on troubling myself about this patient for above a year, during which I was obliged to confess to myself that nothing effectual had been done, though he was satisfied. That here the blood was first diseased admits of no doubt, and as little, that the thence arising defective nutrition of the nervous system produced the phenomena which must follow disordered function of the brain and spinal marrow. So much is plain, that in this case the whole metamorphosis of tissue was in abeyance from insufficient oxydation, and among those medicines which have the power of increasing in any way the influence of oxygen on the organism, I found only one which could be indicated at the same time by the law of similars, viz, *argentum nitricum*.

I must here remark that our patients never really get Argent. nit. into their blood, because they take it either dropped into spring

water or in globules dissolved in spring water, and the higher the solution is the more certain it is that they will not get nitrate of silver, as all spring water contains a not inconsiderable quantity of Chloride of sodium. If you give a few drops of the second, or even third decimal dilution of Nitrate of silver in a spoonful of water, it forms immediately a white cloud of Chloride of silver. How far this change can go is shown by the observation, that even the fourth decimal dilution *e.g.* an ounce of it, will show in the light a shade of reddish brown.

J. L. got now morning and evening four to five drops of the second decimal dilution of *argent. nit.* in a spoonful of water; for I prefer using this preparation, because from it a quite fresh preparation of Chloride of silver is produced every time the patient takes it. No doubt the same occurs in the proving of Nitrate of silver.

Eight days afterwards when J. L. presented himself again, I was astonished not a little by his complexion, which was quite changed, and he was the first to whom I had given this medicine, according to the indications given above; for his face had recovered the fresh colour of health, and he declared with a beaming countenance, that he had not felt so well for twenty-five years as now. This alone gave proof that a considerable increase of oxydation of the blood had taken place. Further, the pulse was down to 90, and the respiration to 22, a sufficient proof of the increased capacity of the lungs, which he could dilate in a correspondingly greater degree, and the thorax expanded more, and he could hold his breath longer. At the same time the remote effects of this change on the nervous system were equally distinct; the sleep had become quiet, and lasted four or five hours, and the feeling of a cord round the belly—a sure sign of the affection of the phrenic nerve—was no longer present. Now I stopped the medicine for eight days, and nevertheless a further improvement took place, inasmuch as the stools became regular, and there was seldom more than a threatening of vertigo. Without any more medicine, this patient went on to complete cure, and in three months had no complaint to make, which is the case still after the lapse of three years.

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*Digitalis in Cardiac Disease.*

By DAVID H. STIRLING, M.D.

As the action of digitalis upon the heart is now being investigated anew by various physicians, I beg to send you the following notes of cases treated by that drug. They are condensed from notes taken while the cases were under treatment:—

Mrs. F., aged 69, consulted me about six years ago, when suffering from an attack of "breathlessness," with cough, which she attributed to bronchitis. She had no symptoms of bronchitis, but the heart's action was irregular and weak. No cardiac murmurs or other sign of structural change. Under the most simple treatment,—rest, mustard cataplasms over the region of the heart, and a glass or two of wine daily she rapidly recovered.

Similar attacks recurred from time to time, each one more difficult to combat than the preceding. In the autumn of 1862, after a rather severe attack, there remained more or less irregularity of cardiac action, and slight breathlessness on going upstairs. In March last a most severe attack of dyspnoea came on suddenly during the night. I found her propped up in bed, afraid to move or speak. She complained of severe pain across the front of the chest, retched frequently, at times so severe as, along with the painfully-laborious breathing, to threaten almost instant death. The pulse at the wrist was almost imperceptible; cardiac action so tumultuous as to render it difficult to distinguish between the first and second sounds; both sounds sharper than natural; no cardiac murmurs; face bedewed with cold sweat; feet and legs cold. Chlorodyne gave temporary relief; brandy was given freely, and hot bottles applied to the extremities. In about an hour the immediately-dangerous symptoms were overcome.

Next day she was able to bear a short stethoscopic examination, which revealed considerable disease of right lung, as evidenced by comparative dulness over the lower half of the right side; bronchial breathing in upper half of lung; respiratory sounds in lower half heard only on attempting to take a deep inspiration. Extensive congestion was present, and clearly traceable to impeded circulation. Cough with hæmoptysis came on, and all food was refused or rejected. The urine became scanty, not albuminous; legs œdematous; ascites followed; rest in bed became impossible, and the case seemed altogether hopeless. Stimulants, diuretics, counter-irritation

of all kinds over chest and back were perseveringly used, but without success. This state of matters continued for nearly three weeks, when, anxiously pondering what course to follow, Dr. Handfield Jones' cases fortunately came to my recollection, and I at once prescribed digitalis. Ten drops of the tincture were given every four hours. The relief was so great that from a state of absolute agony she enjoyed comparative quiet in less than three days. The heart's action became daily stronger, as indicated by less tumultuous action and slower pulse. Calm breathing, cessation of hæmoptysis, gradual removal of ascites, and œdema of legs, followed, and convalescence was established. The medicine was continued for a fortnight longer in ten-drop doses thrice daily. The lung gradually recovered, but slight comparative dulness and less distinct respiratory sounds over affected part remained. During last summer she suffered several times from a recurrence of her former symptoms. On each occasion digitalis was immediately given, with the effect of removing all pain and difficulty of breathing after two or three doses.

Mrs. S. suffered from general anasarca during pregnancy. I learned this for the first time when called to attend her in her confinement. Slight post-partum hæmorrhage left her weak, and she made a slow and imperfect recovery. Some weeks after I had left off attendance I was again called, and found her in a state of extreme weakness, propped up in bed, and breathing hurriedly. The pallor of surface was something remarkable; she seemed to have no red blood in her body; there was general anasarca, and short hacking cough. On examination I found irregular cardiac action, first sound scarcely heard anywhere, second sound very sharp at base, pulse about 170 when it could be counted, urine scanty, but quality normal. Weak cardiac action seemed the alone cause of her sufferings. Strong soups and wines ordered; ten drops of tincture of digitalis to be taken every four hours. In two days she felt greatly better; heart's action became stronger; when patient lay perfectly quiet there was no irregularity; the first sound was now distinctly heard, and dyspnœa gone. Iron was added to the digitalis, and rapid improvement followed. Some weeks later the heart's action again failed, pulse rose, dyspnœa returned, and a sense of sinking was complained of. The digitalis was resumed, and all these symptoms disappeared in a day or two.

Mrs. Y., aged 44 years, had long suffered from disease of the heart, according to her husband's account; the symptoms complained

of being, palpitation on walking smartly, on going upstairs, or after any excitement; occasional swelling of the legs, and sometimes cough. I found her sitting in a chair, propped up with pillows, breathing rapidly; face of a purplish hue, and cold; tongue cold; pulse at wrist imperceptible; great œdema of legs; could not move without bringing on a "fit of breathing." Arcus senilis very marked. On examining the chest, I found the heart beating in a most extraordinary manner: the organ seemed to fill out and press upon the ear, then making one or two attempts at contraction, both sounds very feeble, it would suddenly thump against the ear and recede so much, that the stethoscope could with difficulty be kept applied. No cardiac murmurs; no bronchitic complication; stomach very irritable, even cold water rejected; thirst great; to have teaspoonfuls of strong beef-tea, wine and brandy in same quantities frequently, and ten-drop doses of tr. digitalis every four hours. Next day I was informed (the patient lived some miles in the country) that she could not take the stimulants, and that the medicine had been rejected twice. Ordered to take five-drop doses of digitalis, slowly sipped from a glass of water, during a quarter of an hour; to be repeated as formerly. The irritability of stomach ceased, and in two days ten-drop doses were given without any discomfort. A few drops of tr. of nux vomica were tried with each dose, but without good effect. In a few days she was able to be downstairs during great part of the day, and enjoyed comparative quiet during the night. Improvement in this case was partial, and of short duration. A second severe attack came on, was again greatly relieved by digitalis, but rest in the horizontal posture became from this time impossible. I saw her on three different occasions, each time observing a marked change for the worse. The medicine was discontinued, and tonics, stimulants, and counter-irritation employed, as before the trial and failure of the digitalis, but without any good result. Anasarca increased, dyspnœa became constant, and death followed most painful sufferings in a few weeks. Why this case resisted the treatment so successful in the others I cannot say; it seemed as hopeful as the others, and promised well at first.

I have made trial of digitalis in several cases of mitral regurgitation, but cannot speak favourably of its effects. From my experience of the action of digitalis in cardiac disease, I am satisfied that we have in that drug a most valuable agent in cases of enfeebled heart without valvular complications. Its action on the organ ap-

pears direct and rapid, and no bad effects seem to follow its prolonged use. As it is of vast consequence that we should become acquainted with the range of action of this and other active medicinal agents in disease, I trust digitalis will obtain a fair and extended trial in cases of enfeebled cardiac action. Iron given in combination with it, as in Case 2, seems to act well, but the iron can only be of use in improving the quality of the blood. Alone it fails; along with the "specific" it is of value. In Case 3 I tried nuxvomica in combination, in hopes of improving the tone of the stomach, but I am satisfied the practice was wrong, and likely to interfere with the action of the other medicine. The disorder of stomach in these cases is clearly due to sympathetic irritation, to be remedied by removing the primary affection.—*Med. Times and Gaz.*, March 5, 1864.

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*New Treatment of Gunshot and Penetrating Wounds of Abdomen  
by Hermetically Sealing.*

By B. HOWARD, M.D., Assist. Surg. U.S.A.

No classes of cases are so painfully humiliating to the military surgeon as gunshot wounds of the chest. When the call for aid is so peculiarly urgent and distressing the surgeon has been able but to lament his impotence, to hide the wound from view with a simple dressing, and sorrowfully abandon the patient to his fate. It is the appreciation of this that induces me, without waiting for properly arrayed statistics, to write prematurely from the field, and state briefly a plan of treatment which I presume will meet with very marked success, and which has already met with the general commendation of my confrères.

The most formidable symptoms of gunshot wound of the lung, and one or more of which in their proper order produce death in fatal cases, are, *Hæmorrhage*, *Dyspnœa*, and *Suppuration*.

The custom of leaving the wounds open is objectionable, because it affords a means of outflow as fast as the effused blood reaches its level, and thus favours the continuance of *Hæmorrhage*.

It allows the full force of atmospheric pressure upon the entire surface of the lungs, and thus necessitates *Dyspnœa*.

It admits continually renewed currents of atmospheric air ensuring decomposition of the clot in the pleural cavity with extensive



and profuse *suppuration* of a very foetid character, while it does not provide for its exit until after so great an amount has accumulated as to have caused it to rise above the level of the wound; and after its partial subsidence by overflow the wound again ceases to be available.

Suppose, however, that the wound be perfectly closed, the following will at once appear among the advantages to be gained.

1st. *Hæmorrhage* is controlled. At the worst the amount of blood lost after the operation cannot be more than would suffice to fill up the unoccupied space remaining in the pleural cavity; the elastic clot resulting furnishing a styptic par-excellence for the wounded vessels of the yielding lung.

2nd. *Dyspnœa* is immediately relieved upon removal of the atmospheric pressure, and the restoration of the parts approximately to their normal condition.

The enclosed volume of air being absorbed, the lung is again at liberty to expand with its usual freedom, limited only in proportion to the size of the clot which may happen to be in the pleural cavity.

3rd. *Suppuration*, if not prevented, is greatly diminished by shutting out the constantly renewed currents of atmospheric air, and its character is very favourably modified.

Indeed, if the wound were closed soon enough, I deem it possible that the slough of the track through the lung, with the limited amount of attendant pus, might be entirely disposed of by absorption and expectoration. The operation which I practise is by hermetically sealing, as follows:—

All accessible foreign bodies having been removed, introduce the point of a sharp-pointed bistoury perpendicularly to the surface, just beyond the contused portion, and with a sawing motion pare the entire circumference of the wound, converting it into a simple incised wound of an elliptical form; dissect away all the injured parts down to the ribs, then bring the edges of the wound together with silver sutures deeply inserted, at not more than a quarter of an inch apart; secure them by twisting the ends, which are then cut off short and turned down out of the way. Carefully dry the surface, and with a camel's hair pencil, apply a free coating of collodion over the wound; let it dry, and repeat it at discretion.

For greater security, shreds of charpie may now be arrayed cross-wise over the wound, after the manner of warp and woof—saturate.

it with collodion, and when dry repeat the process until the wound is securely cemented over ; as a still greater protection a dossil of lint may then be placed over the part and retained with adhesive straps.

If there be a tendency to undue heat in the part, it may be kept down with cold affusion ; should any loosening of the dressing occur, an additional coating of collodion may be applied. The sutures must not be removed until healing by *first intention* is complete.

Should suppuration occur so as to occasion distressing dyspnœa, proceed to treat it in all respects as a case of empyema, introducing the trocar at the most dependent point, and taking special care to avoid the admission of air.

My first experiment in hermetically sealing was in a bayonet wound of the abdomen in a private of the 18th U.S. Infantry in 1861, which was followed by the best results. Since then I have deemed it the most eligible treatment for gunshot and penetrating wounds of closed cavities when not contra-indicated by serious complication. In incised or punctured wounds the paring process is of course dispensed with.

Practically, the immediate results have been very remarkable and I think, unprecedented. The most painful cases of dyspnœa have been promptly relieved, the patient usually falling into a quiet slumber in about an hour after the operation, as in a case observed by my friends, Dr. Clements, U.S.A., and Dr. Taylor, U.S.V., and many others. The subsequent results, also, so far as I have been able to continue the treatment, have never disappointed my expectations.

I have obtained healing by first intention, and removed the sutures within five days after the operation. This mode of treatment by hermetically sealing, has, I believe, never been practised before, though the principle of excluding the atmospheric air in gunshot wounds of the chest has been endeavoured to be carried out by various expedients with relative advantages corresponding to the completeness of the occlusion effected.

Dr. Barnes, U.S.A., informs me he once treated a gunshot wound of the lung by stopping up the aperture with a conical tent, made of a pouch of cloth filled with lint, its apex being fastened with a roller bandage. The dyspnœa was greatly diminished, healing by granulation took place, the case progressed unusually well, and terminated in recovery.

Neither in the Western nor Eastern Armies, however, have I seen any attempt at closing the wound; a covering of adhesive plaster or simple dressing, is the only application I have seen used.

I think it will appear evident that the simple causes of fatality in gunshot wounds of the lung, and which have heretofore proceeded or abated uncontrolled by art, may each in their proper order be restrained and modified, if not prevented or removed, by the simple operation above described, which in the worst event cannot possibly incur any risk of additional harm to the patient. Though the careful continuance of the treatment so necessary to proper success be certain to be interfered with in the successive transfers of the patients to the care of different medical officers, it should not prevent the performance of the operation at any time within forty-eight hours after the reception of the wound, as it may enable the patient to survive the shock and the transportation to the General Hospital, by which time a very dangerous period will have passed.

Some cases upon which I operated were six days in the ambulances, before reaching a General Hospital, part of the road travelled being of the worst description; on the fifth day all but one of these so treated were able to walk comfortably. On their arrival all the wounds were unfortunately re-opened, except when the union was too complete to allow of it, and the usual water-dressing was substituted. Yet the ratio of mortality of the whole number wounded in the lung in that engagement, and which were treated indiscriminately, was nineteen per cent. less, dating from the time the wounds were received, than that of the cases previously admitted to that hospital, dating from the time of their entering the hospital. Though but five cases, their corroboration under the circumstances is valuable. When speaking of the whole number wounded, I omit one case in which I had not time to close the posterior wound, from which profuse hæmorrhage subsequently occurred, and in two days after which the patient died.—*American Medical Times.*

Camp on Rappahannock, Va., Sept. 14, 1863.

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#### *Oil of Male-Fern in Tape Worm.*

Reporter, ALEXANDER FLEMING, M.D., F.R.C.P., London,  
Physician to the Queen's Hospital, Birmingham.

The usefulness or otherwise of the oil of male-fern in tape-worm, and the best mode of exhibiting the drug, were the special objects of

this enquiry. The question was issued on the 22nd of November, 1862; and the schedules filled up have been returned to me by the following gentlemen.

|  | No. of cases. |
|--|---------------|
| Anderson, Dr. W., Birmingham . . . . .   | 20            |
| Anderton, Henry, Esq., Wavertree, Liverpool . . . . .  | 1             |
| Barham, Dr. Charles, Truro . . . . .   | 5             |
| Beddoe, Dr. John, Clifton . . . . .  | 15            |
| Bennett, Dr. J. Hughes, Edinburgh . . . . .  | 1             |
| Bree, Dr. C. R., Colchester. [Dr. Bree's schedule contains a general statement strongly in favour of the oil of male-fern, but without cases in detail.] |               |
| Cooper, Dr. W., Bury St. Edmunds . . . . .   | 1             |
| Cornbill, John, Esq., Birmingham . . . . .   | 1             |
| Drew, Dr. Samuel, Sheffield . . . . .  | 2             |
| Harris, W. J., Esq., Worthing . . . . .  | 1             |
| Humphreys, John R., Esq., Shrewsbury . . . . .   | 3             |
| Jackson, Vincent, Esq., Wolverhampton . . . . .  | 1             |
| Jago, Dr. James, Truro . . . . .   | 1             |
| Kelly, Dr. W. M., Taunton . . . . .  | 2             |
| Osborn, A. G., Esq., Northampton . . . . .   | 2             |
| Ransome, Dr. A. Manchester . . . . .   | 4             |
| Sankey, William, Esq., Dover . . . . .   | 5             |
| Spender, John K., Esq., Bath . . . . .   | 6             |
| Thompson, Thomas, Esq., Queen's Hospital, Birmingham . . . . .   | 29            |
| <hr/>  |               |
| Total number of cases . . . . .  | 100           |
| <hr/>  |               |

*Sex.*—Of these 100 cases, 30 were males, and 70 females.

The remarkable preponderance of the female sex among the subjects of tapeworm here shown, and, as I believe, for the first time on numerical data, is full of interest in relation to the cause of the disease, and most deserving of further inquiry. The great majority of the cases embraced in this report are taken from hospital out-patients, among whom the women suffer frequently from dyspepsia, very much more so than do the men; and we can readily understand how the "measle" will have a higher chance of escaping death in a weak stomach, and subsequently making a home for itself in the bowels. As respects the diet itself, the risk run by men must be greater than

that by women ; as they eat a larger proportion of animal food, and, in Birmingham especially, of pork.

Our returns shew that the male-fern, as a remedy, is of equal efficacy in both sexes.

*Age.*—The age of the patient is not mentioned in 8 of the cases. Of the remaining 92, the average age of all, in round numbers, is 29 ; of the females, 30 ; of the males, 28. The returns include cases of all ages except infancy, and prove that the oil of male-fern is an efficient remedy as well in the child as in the adult. A child of 1 year and 11 months is the youngest, and a woman aged 69 the oldest example. The exclusive milk diet of infants, and consequent freedom from the cause of the parasite, explains their immunity from tapeworm.

*The Duration of the Disease* is not given in 33 cases. Of the remaining 67, it is stated to vary from a few days, as in 4 cases in Dr. Anderson's schedule, to 36 years, as in the example reported by Mr. Anderton. There are 11 cases whose duration varies from 6 weeks to 10 months ; 16 are reported of 1 year's duration ; 9 of 2 years ; 4 of 5 years ; 3 of 7 years ; 3 of 10 years ; 1 of 12 years ; 1 of 14 years ; 2 of 20 years ; and 1 of 36 years. The returns shew that the oil of male-fern has been as efficient as a remedy in cases of long standing as in the more recent.

*Previous Treatment.*—In 35 of the cases, it is stated that there was no previous treatment. Among the remedies which had been used in the others, kousso was employed twice—once with, and once without success. Turpentine had been given on fifteen occasions—seven times with, and eight times without success. The oil of male-fern had been previously used five times—three times with, and twice without success. In one of those cases where it had failed, it was subsequently given in mixture with milk, in the mode which I have suggested, and with perfect success.

*Dose, Time, and Mode of Administration.*—*Dose*—The medicine has been administered in doses of a few minims, of half a drachm, of one drachm, one and half, and of two drachms. The returns shew that one drachm is a sufficient dose ; at least in the great majority of cases. The larger doses more frequently excite sickness, vomiting, and diarrhœa.

*Time.*—In many of the cases, the oil was given in the morning ; in a greater number at bedtime. The results of the two methods, when compared together, do not show any material difference in suc-

cess. I prefer to give the drug at bedtime, because the patient should continue to fast for eight or ten hours after taking it; and it is easier to do so during sleep than waking.

*Mode.*—In 47 of the cases, the oil was given with milk, in the manner which I had myself suggested in the observations which accompanied the schedule. The following is the formula referred to:

“ Mix well of oil of male-fern one drachm, and mucilage half an ounce. This draught is mixed with one ounce and a half of sweet milk, and taken at bedtime; the patient having omitted the dinner and evening meal of that day. Taken thus on an empty stomach, the mixture is carried speedily into the intestines, to feed, and at the same time poison, the hungry parasite which nestles there. Milk is the favourite food of the worm. Next morning, a dose of castor oil may be given. If necessary, this medication may be repeated daily, one, two, and three times, or until the worm is discharged.”

In the remaining cases, the drug was given without milk, in mucilage or some aromatic water. In nearly all the cases comprised in the returns, care was taken to give the remedy on an empty stomach. The two classes of cases, therefore, or those in which the male-fern was given with milk, and those in which milk was not used, admit of fair comparison; and of the higher efficiency of the first of these methods of exhibition the returns are conclusive. So given, the drug acts more quickly, and at the same time more efficiently. The proportion of failures is nearly the same with both methods; but the length of worm discharged, and so far as we can judge, the thoroughness of the cure, predominate in those cases where milk was used.

*Physiological Effects.*—Sometimes the medicine operates without pain or nausea; more often there are sickness, griping pains, and purging. Vomiting is reported in ten of the cases. Dr. Bree observes that, under its use, the urine was usually loaded with lithic acid. In one of Dr. Anderson's cases, the menses, which had been absent for several months, returned after the use of the oil. The vomiting and purging were caused frequently by the second dose, after the worm had been discharged; and must be ascribed to the action of the drug itself on the gastro-intestinal mucous membrane—not, as some have thought, to the dying struggles of the poisoned worm, though it may be that these play some part in their causation.

In five of the 100 cases the worm was discharged alive. Except that it was expelled with unusual speed, I cannot trace any circumstance to account for the living state of the parasite in these examples.

The largest portion of tapeworm which is reported to have been passed is fifteen yards. This was in Dr. Bennett's case. No mention is made of any other species of tapeworm than the *tænia solium*. Large round worms were discharged in two cases.

The worm was for the most part expelled after the first dose, but in a few cases not till after a second or third dose. The worm was often passed before any purgative was taken, and separately from the ordinary evacuation. In one instance recorded in Mr. Thomson's schedule, the worm was discharged upwards by vomiting. This was the case with a female aged 40, who had suffered many years from tapeworm. She took one drachm of the oil of male-fern in milk, according to my formula ; and in the course of an hour vomited a very long tapeworm, which was quite dead. None passed by stool. After two days the draught was repeated ; and she passed a large quantity of dead and broken tapeworm. The patient had previously taken various remedies without success. In Dr. Anderson's schedule, the case of a girl aged 18 is narrated, who became very sick after taking two drachms of the oil of male-fern in milk, and vomited a large round worm. She was afterwards purged smartly, and passed a quantity of joints of tapeworm.

The average time which elapsed between the administration of the oil and the expulsion of the parasite, was six hours. It was discharged in half an hour in seven cases, in one hour in nine cases, in two hours in six cases, in three hours in three cases, in five hours in six cases. The longest interval mentioned is twenty-four hours.

In several of the cases, the worm was passed in a broken and softened state. In these cases a considerable interval had elapsed between the taking of the oil and the expulsion of the worm, the softened condition of which was probably due to a more or less complete digestion of the already poisoned and dead worm.

The head is reported to have been found in three cases, (schedule of Mr. Spender) ; but, in one of these, its discovery rests only on the authority of the patient. It is generally thought that the rarity with which the head is obtained is due to its not being killed and detached with the body ; but it seems improbable that the poison should take more effect on the body than the head of the creature, and which it meets first in its passage downwards from the stomach. According to Dr. Nelson, the food is taken in chiefly by the head. I am more inclined to refer the rare discovery of the head to its solution in the digestive fluids. Thin and delicate, it must be easy of digestion.

Moreover, placed higher up in the canal, it is in closer proximity to the more active solvent juices. The thin and translucent neck, though found more often than the head, is also generally absent; and probably for the like reason. I am disposed to refer relapses to the growth of other worms, which have escaped the action of the poison, and not to the resprouting of the old head.

*Duration of the Cure.*—Though relapses often occur, there is reason to believe that the cure is permanent in a large proportion of the cases. The length of time (one year) assigned to this inquiry, and the difficulty of ascertaining the future history especially of hospital patients, render the returns in reference to this important point unavoidably of less value than we could desire. I may mention in this place, that Mr. Osborn, in a note to his schedule, states that two cases of tapeworm are known to him, both females of 38 and 17 years of age respectively, where the oil of male-fern was used with success, and where the patients remained, to his knowledge, well for many years.

In concluding this report, it is only just to remember, in connexion with our subject, the early labours of Peschier of Geneva, and dating so far back as 1830, but which had been almost overlooked in England until Dr. Christison, in 1853, gave the sanction of his authority to the results of Peschier's trials. The later experiences of Drs. Gull, Jenner, Bennett, Willshire, Ransome and others, have abundantly confirmed their observations, and, conjoined with the results of the present inquiry, establish beyond doubt the great efficacy of the oil of male-fern in tapeworm, and its superiority to the other known remedies of this disease. Further, our report points very decidedly to the most efficient mode of exhibiting the drug; and the whole inquiry has, as I have reason to know, rendered excellent service to therapeutics by making the virtues of the oil of male-fern more widely known and employed throughout the profession.

It remains only for me to offer my best thanks to all the gentlemen who made returns to me, for their valuable aid in this inquiry.

*Appended Cases.*—For the better illustration of the nature of the results obtained in this inquiry, I subjoin the histories in detail of six of the cases.

CASE I.—Alison Robertson, aged 26, had suffered from tapeworm for five years, and had already used castor oil and turpentine. One drachm of the ethereal extract of the male-fern was given six hours



after a dose of castor oil, which cleared out the bowels. No food was allowed to be taken in the interval. The worm was expelled in fragments of various sizes, the longest piece being fifteen yards in length. In some portions, the joints must have been very close to the head; but that could not be found. Eighteen months have since elapsed, without any return of the parasite. The patient is a domestic servant in my own house. (Schedule of Professor Bennett, Edinburgh.)

CASE II.—J. C., a female, aged 40, had had tapeworm for many years, and had taken various remedies for it with little or no success. After fasting, she took one drachm of the oil of male-fern in mucilage and milk, according to Dr. Fleming's formula. No purgative was given. In an hour after taking the draught, she vomited a very long tapeworm, which was quite dead. No worm nor joints were passed by stool. Two days having elapsed, the draught was repeated; and she passed a great quantity of tapeworm, broken and dead. (Schedule of Mr. Thompson, House-Surgeon to the Queen's Hospital, Birmingham.)

Mr. Thompson's schedule includes the cases of tapeworm which have occurred among my own patients at the Queen's Hospital. The disease prevails to a wide extent in Birmingham, and is often seen in its more severe forms among the out-patients of the Queen's Hospital. As compared with Edinburgh, the greater frequency and severity of the disease are very marked. The patients may often be recognised on entering the consultation-room by their worn, vacant aspect—their trembling gait and hands, staring eyes, wide pupils, and hesitating manner. Many suffer for years, with alternate periods of aggravation and improvement. Of the relation of cause and effect between the "Measle" of the pig, or *cysticercus cellulosæ*, and tapeworm, this town affords ample evidence. I have ascertained that large quantities of "measly" pork are sold and used as food in Birmingham. It is not exposed for sale in the public markets, but is disposed of privately, and much of it is employed in the manufacture of sausages, in which one of my pupils (Mr. Lloyd) and myself have found portions of the "measle" with the microscope. These are made use of to a large extent by the working classes, and are frequently eaten imperfectly cooked or nearly raw. Although the worm must be for the most part destroyed in the mincing, it may frequently escape sufficiently intact to renew its life in the bowels.

CASE III.—Ellen Mills, age 24, had had tapeworm for seven years.

She had already been treated for it, but she could not tell what remedies were used. They had no effect. She had no solid food for twenty-four hours, and then took two drachms of the oil of male-fern in mixture with milk, according to Dr. Fleming's formula. No purgative was given. The male-fern operated in five hours. Half a basinful of joints were expelled with the first stool. The bowels were moved three times. The patient complained only of pain in the stomach. (Schedule of Dr. Anderson, Resident Physician to the General Hospital, Birmingham.)

CASE IV.—H. B., a female, age 30, had had tapeworm for one year. The treatment comprised first salt-fish diet for three days, then fasting, then three grains of calomel at bedtime, and castor oil at 5 a.m., next morning. At 6 a.m., one drachm of oil of male-fern was given; then at 8 a.m., another dose of castor oil; and at 10 a.m. a second dose of one drachm of oil of male-fern. This plan of treatment was followed twice, once without success; but the second time large masses of the worm were expelled, broken into pieces. Some portions were very thin and tapering, but the head was not found. Ten months have passed since this treatment, and no relapse had occurred. (Schedule of Dr. Arthur Ransome, Manchester.)

CASE V.—J. P., a female, age 42, had had tapeworm for one year and a half, and had taken for it castor oil and turpentine without benefit. She fasted a whole day, and took at bedtime one drachm and a half of the oil of male-fern in mucilage; next morning an ounce of castor oil. The worm was passed in its entirety during the night, and before the castor oil was taken. She felt a slight sickness before the worm was expelled. All her unpleasant symptoms were removed. (Schedule of Mr. Humphrys, Shrewsbury.)

CASE VI.—Ellen Davis, aged 2 years, had had a tapeworm for six weeks. No previous treatment. On June 14th, a draught composed of fifteen minims of oil of male-fern in one ounce of mucilage was given in a teacupful of gruel, and followed by a dose of castor oil in half an hour. In two hours after the exhibition of the oil of male-fern, several fragments of tapeworm were expelled. No uneasiness was complained of in the interval. On the 16th the same treatment was repeated: and eight hours after the oil of male-fern was taken, more fragments of tapeworm were voided, but of smaller size. During the interval, the child was ill, refused food, and complained of pain in the bowels. On the 18th, 20th, and 24th, the draught of the oil of male-fern was repeated. Under the last date,

it is stated that there were no worm symptoms whatever; and the child's appetite, which was formerly capricious, was now uniformly good. (Schedule of Mr. Cornbill, Birmingham.)—*British Medical Journal*, Jan. 16, 1864.

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*On Trichina Spiralis.*

By W. MUELLER, M.D., Homburg.

For many years past the *Trichina spiralis* (class Nematodes) have been found in the muscles of hogs, wound up in a spiral form, and enclosed in chalky capsules; and Dr. Owen discovered and described them in the muscles of men. Professor Zenker, of Dresden, was the first who proved, by a full and exact statement of a case, and a careful and minute post mortem examination, that the development and wandering of the trichinæ in the human body produce violent symptoms similar to those of typhus fever, and cause, most probably, in many cases, the death of the individual.

Experiments made by Professor Virchow, of Berlin, and Professor Leuckart, of Giessen, by feeding animals with pork in which were trichinæ, proved the same as Professor Zenker's observations in the above mentioned case—namely, that the trichinæ, when taken into the stomach, commence almost immediately their development, male and female, and innumerable embryos. The young worms, perforating the intestines, enter the muscles, and, wandering in them, produce the violent symptoms of the disease above-mentioned, until they become incapsulated in the muscles, in which state they are innocuous.

In Hettstaedt, a small town in Prussia, containing about 5,000 or 6,000 inhabitants, a veritable epidemical propagation of trichinæ commenced in the middle of October last, in consequence of the infected persons having eaten a kind of sausage (not thoroughly cooked) made of pork in which were trichinæ.

In some cases small portions of muscles were taken by Middeldorpf's harpoon from the persons infected, and whilst suffering with the disease; and by submitting those portions to microscopical examination trichinæ were discovered in them.

In the evening of the 9th of November last I was summoned by a telegram from the physician of Hettstaedt, informing me that a

relation of mine was suffering from the trichinæ disease: that he had also a pneumonic affection, and was very ill. On my arrival on the following day I found the patient—who previous to the attack was a strong and very healthy man, twenty-three years of age—perfectly conscious, with a slight œdematous swelling of the face. On examination of the chest, a dull sound over about an inch and a half of the lowest part of the lower lobe of the left lung was produced by percussion; crepitating rattles were audible, but there was no bronchial breathing, thus showing the beginning of resolution of the pneumonia; at the lowest part emitting the dull sound there was a slight pleuritic rubbing. The pulse was 140; respirations 48; and the temperature of the body 39° centigrade.

The symptoms of the disease commenced on the 16th of October with loss of appetite and diarrhœa, followed by a sensation of painful weakness in the limbs and difficulty in moving the tongue; the pulse being above 100. The patient was not confined to his bed during the day-time until the 6th of November, when the pneumonic symptoms commenced.

The day after my arrival (Nov. 11th) the pneumonic symptoms were unaltered, with the exception of the pleuritic rubbing, which had moved a little higher up. The whole of the pleuro-pneumonic affection was so very trifling that it certainly did not account for a pulse of from 140 to 150, and for the violent oppression, or rather, as the patient explained it himself, “the weakness in drawing his breath.”

The following day the frequency of respiration varied between 30 and 60; the pulse was more than 200, and very weak; the temperature had fallen to 38 deg. 6 minutes centigrade; and the body was covered with a profuse clammy perspiration. The other physical symptoms were the same as before, and the pleuritis had not extended higher. The complaint of weakness in breathing, or, as the patient called it, “the impossibility of drawing a sufficient quantity of air into the lungs,” was increased; but he remained conscious and resigned, so much so that he several times asked me at what hour I expected he would die. At seven o’clock on the evening of the 12th November he died.

The post mortem examination, performed on the 13th, proved an infiltration of a part of the lower lobe of the left lung, extending upwards about an inch and a half from the lower margin of the lung, and about three or four ounces of liquid exudation in the pleural

cavity of the same side. When examining the chest and intercostal muscles, I found, in every small piece of the muscle placed under the microscope, trichinæ partly wound up, but not capsulated, partly forming a single sling, and partly extended. In the examined parts of the heart and diaphragm no trichinæ were discovered.

On the day previous to the above mentioned post mortem examination I examined with the microscope several small pieces of muscles, which had been taken from the bodies of persons who had died of the disease, and were given to me by the physician of Hettstaedt, Dr. Rupprecht, and I found a considerable number of trichinæ in them.

Previous to my departure from Hettstaedt, eighteen to twenty persons had died of the trichinæ disease, and more than eighty persons were at that period afflicted with the same malady, produced by the same cause.

According to the information I obtained on the spot, the disease begins, a few days after eating the meat in which there were trichinæ, with loss of appetite, and almost without exception with diarrhœa and fever; œdema of the eyelids; also pain, or at least painful sensation of weakness, in the limbs; œdema of the joints; difficulty in moving the tongue; profuse clammy perspiration; and those patients who do not become convalescent die either unconscious with symptoms of typhus fever, or in a few cases remain conscious to the end, complaining of inability to breathe freely.

The only important symptom of typhus absent in the disease is the enlargement of the spleen, and it is very probable that some of the so-called epidemics of typhus fever in former days were caused by the propagation of trichinæ in the human body.

Since the disease has been known (about three years ago) a great many cases have been observed in Germany.

The vitality of the trichinæ is not destroyed unless the meat or other substances in which they are located be subjected to the temperature of boiling water for a sufficient time to ensure that every particle has been acted upon by that degree of heat. Salting and smoking trichinous meat, as is usually done, does not appear to be sufficient to destroy the worms in all parts of the meat.

Picric acid (acidum picro-nitricum) was tried with the hope that it might be administered with success to the patient, but it failed.

In trichinous pork of a pig killed with picric acid, the worms were found alive.—(*Lancet*.)

*Self-supporting Dispensary.*

The Stafford Self-Supporting Dispensary was established about the year 1861 ; there is no dispensary house, and the cost of the organization was simply *nothing*. The major part of the medical men in the town having agreed as to the principle, met and published their scheme. The plan is very simple,—all who subscribe to the Dispensary are, if approved of as suitable members, allowed to select their own medical attendant, and to consult him and receive medicines from him precisely as though he were the private medical man. At fixed periods the board meets, and the fees are divided amongst the medical staff in proportion to the amount of work done.

Whatever may have been the effects of the free Dispensary system in other towns, it certainly has worked most admirably in Stafford. At the present moment nearly every medical man in the town has, I believe, consented to be on the staff ; the junior men have realised from the Dispensary a respectable income, which would either have been thrown away in gratuitous advice, or have been thrown over the counter of the prescribing druggist ; while the senior men are simply relieved of a great deal of unnecessary and unpaid trouble. During the first year of the Dispensary no less than £80 was divided amongst five medical men, and during the present year that division will probably have doubled in value. Neither are the advantages confined to the medical men ; they extend to the patients, whose independence is challenged, and whose thrift is encouraged by an institution which gives them what they want without stint, and allows them to pay for the services rendered in sums which are within their means, and which, when allowed to accumulate, are not to be sneezed at by any Esculapian.

As the success of this provident Dispensary may be considered perfect, and as in many other towns the medical men may wish to found similar institutions upon it, I subjoin the rules by which the Dispensary is governed.

“ The members are to be honest, industrious, working persons, not receiving parochial relief, but unable to pay for medical attendance in the ordinary way, and willing to subscribe for themselves, and to conform to the following rules, etc. :—

“ They shall apply for admission to the Secretary, or to one of the collectors, who shall enter their names, occupations, and places of abode. Their application will then be taken into consideration by

the Committee, and, if found eligible, they must attend again at the next meeting of the Committee, to be enrolled, and to receive their tickets. The tickets (when required) to be signed by the Secretary.

“ Each member shall pay one penny per week ; or, if more agreeable to them, they may pay their respective subscriptions in monthly, quarterly, or annual payments, in advance.

“ If any member should be discovered by the Committee to be ineligible to the benefits of this institution, his or her name shall be erased from the books.

“ Persons cannot be admitted as members when sick, unless they pay the whole year's subscription in advance, and bring with them one eligible adult person, in health, to be entered as a member ; and in this case only when the illness is recent.

“ If members suffer their subscriptions to be in arrear one month, they shall be fined one penny ; if two months, threepence ; and if three months, they shall be liable to be expelled ; and no member shall be entitled to the benefits of this institution whose subscription is in arrear.

“ In midwifery cases, poor married patients shall pay an entrance fee of two shillings and sixpence, and a subscription of threepence a week, or one shilling per month, for six months in advance. The remaining sum of two shillings, to make up ten shillings and sixpence, shall be paid to the Surgeon employed out of the funds of the Dispensary.

“ All patients must furnish themselves with clean bottles, and with bandages, etc., when required ; and, when the nature of their illness will permit, they must attend at the residence of their respective Surgeons from eight to ten o'clock in the morning ; and if they cannot attend personally they must send their tickets without delay.

“ The tickets of all classes of patients will be available for one month from the time of their date ; and no patient will be at liberty to change the Surgeon under whose care he shall first place himself, during the same illness, unless such illness should continue for a longer period than one month ; but he will at all times have the privilege of a consultation of the medical officers of this institution with the consent of the committee.

“ Members living within one mile and a quarter of the Shire Hall, Stafford, may, in cases of necessity, be attended at their own dwellings. Members may choose their own medical attendant from any of the acting medical officers of the institution.”

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Through the kindness of Dr. Day and Dr. Masfen, I am able to append the report for the year 1863. This report, which has not before been printed, but is now in course of publication by the committee, has reached me since I penned the first part of this section. It will be seen that the prospects suggested above have been fully realised.

*“ Stafford Dispensary Annual Report, 1863. ”*

“ This institution is now entering on its third year, and such has been its progress, and the favour it has found among those for whose especial benefit it was established, that, since the Committee issued their first annual report, within the last twelve months, the number of subscribers have gradually been doubled.

“ The objects of the Dispensary are,—to enable the working class to provide themselves with Medical and Surgical assistance when necessary, under the denomination of ‘free members,’ at the mere nominal cost of one penny per week; to provide similar attendance for poor persons, who, being unable to subscribe themselves, shall receive tickets of recommendation from honorary subscribers; to provide medical attendance for poor married women during their confinement; and to consult the feelings and comforts of all by allowing each member the choice of any of the medical officers, and by providing them with *attendance at their own homes*.

“ In 1862 the free members subscribed £87 7s. 6½d., and the total for that year, with honorary subscribers, amounted to £97 7s. 7½d. In 1863 the free members subscribed £164 0s. 10½d., which, with the honorary subscriptions, made up the total to £184 16s. 1d.

*Total Number of Cases attended by the Medical Officers.*

|                                 | 1862. | 1863. | Increase<br>in 1863. |
|---------------------------------|-------|-------|----------------------|
| Midwifery tickets . . . .       | 12    | 36    | 24                   |
| Honorary subscribers' tickets . | 42    | 67    | 25                   |
| Free members' Tickets . . .     | 832   | 1851  | 1019                 |
|                                 | <hr/> | <hr/> | <hr/>                |
| Total . . . .                   | 886   | 1954  | 1068                 |

—(*Medical Times and Gazette*, March 5, 1864.)



*Chronic Irritability of the Fauces : cured by Lachesis.*

By DR. WESSELHÖFT.

On the 27th of October, 1862, Mr. Alfred T. came to consult me on account of chronic irritability of the fauces. The patient is of medium weight, 25 years of age, of a healthy family; of fair complexion, muscular, and accustomed to out-door exercise and horse-back riding; hair dark, eyes blue. This young man had been afflicted for nearly a year with an irritable condition of the fauces, of which he took but little notice for several months; but the disease gradually increased to such a state that its effect became very apparent to his friends, who advised him to consult a physician. Upon examination I found the uvula elongated to such an extent that in its most contracted state it would touch the tongue. The mucous membrane covering the uvula appeared hypertrophied into an elongation, extending about a quarter of an inch beyond the muscular structure, creating a constant inclination to hawk and scrape the throat, thereby exciting the mucous secretion, which in its turn increased the efforts to clear the throat. The fauces appeared redder than in health, or rather of a purplish hue; the tonsils were but slightly enlarged. The patient, whom I had known well for several years, had become visibly emaciated; his countenance was pale, and wore an anxious haggard expression; night sleeps were interrupted, appetite and strength were impaired, all of which he attributed to the constant hacking and coughing produced by the irritability of the fauces, now extending to the larynx and trachea. Besides this I could not discover any disease of the respiratory organs. In addition to the above symptoms there was a feeling as if the parts were swollen, some soreness on swallowing, and a frequent sensation as if a small crumb had got lodged in the throat, which it was impossible to remove by coughing. Prescribed Lachesis 30, three doses of a few pellets each, one to be taken every night and morning.

I saw the patient again ten days after he had taken the medicine. Upon examination I found the throat almost well; the purple hue had nearly disappeared; the uvula no longer touched the tongue, nor adhered to the sides of the tonsils as before; the hacking cough had subsided. I prescribed two more doses of Lachesis, soon after which the patient recovered completely, and has continued well up to the present time.—(*American Homœopathic Review*, Dec., 1863.)

*Recent Outbreaks of Flesh-worm Disease, or Trichiniasis, in Germany.*

A FEW months ago, there was a festive celebration at Hettstädt, a small country town near the Hartz Mountains, in Germany. Upwards of one hundred persons sat down to an excellent dinner, and, having enjoyed themselves *more majorum*, separated, and went to their homes.

Of these 103 persons, mostly men in the prime of life, eighty-three are now in their graves; the majority of the twenty survivors linger with a fearful malady; and a few only walk apparently unscathed among the living, but in hourly fear of an outbreak of the disease which has carried away such numbers of their fellow-diners.

They had all eaten of a poison at that festive board, the virulence of which far surpasses the reported effects of *aqua topkana*, or of the more tangible agents described in toxicological text-books. It was not a poison dug out of the earth, extracted from plants, or prepared in the laboratory of the chemist. It was not a poison administered by design or negligence. But it was a poison unknown to all concerned; and was eaten with the meat in which it was contained, and of which it formed a living constituent.

When, about thirty years ago, the then demonstrator of anatomy at Guy's Hospital, Hilton, observed a little speck on a muscular fibre, and suspected it to contain a worm, he little dreamed that he had before his eyes the puny specimen of a race of parasites more fatal to man and animals than the virus of the blackest pestilence. When the student Paget sent to the Hunterian conservator Owen that specimen of speckled muscle taken from a body in St. Bartholomew's Hospital, he probably knew that he was sending a curiosity; but did, perhaps, not imagine that it was an example of a disease which might be carried in a living pig from Valparaiso to Hamburg and kill the entire crew of a merchant vessel. When Owen registered "*trichina spiralis*" in the Latin terms of zoology, whatever idea he had formed of the generation and life of his parasite, he certainly could not have dreamed, in the keenest flights of his imagination, that of the acute disease caused by this parasite in 103 healthy persons, eighty-three would have to die a most painful and melancholy death, and the remainder be brought into imminent danger.

When the festival at Hettstädt had been finally determined upon,  
VOL. XXII., NO. LXXXVIII.—APRIL, 1864. Y

and the dinner had been ordered at the hotel, the keeper of the tavern arranged his bill-of-fare. The introduction of the third course, it was settled, should consist, as usual in those parts of the country, of *Röstewurst und Gemüse*.<sup>\*</sup> The *Röstewurst* was, therefore, ordered at the butcher's the necessary number of days beforehand, in order to allow of its being properly smoked. The butcher, on his part, went expressly to a neighbouring proprietor, and bought one of two pigs from the steward, who had been commissioned with the transaction by his master. It appears, however, that the steward, unfortunately, sold the pig which the master had not intended to sell, as he did not deem it sufficiently fat or well-conditioned. Thus the wrong pig was sold, carried on a barrow to the butcher, killed and worked up into sausages. The sausages were duly smoked and delivered at the hotel. There they were fried and served to the guests at the dinner-table.

On the day after the festival, several persons who had participated in the dinner were attacked with irritation of the intestines, loss of appetite, great prostration, and fever. The number of persons attacked rapidly increased; and great alarm was excited in the first instance by the apprehension of an impending epidemic of typhus fever or continued fever, with which the symptoms observed showed great similarity. But when, in some of the cases treated by the same physician, the features of the illness began to indicate at first acute peritonitis, then pneumonia of a circumscribed character, next paralysis of the intercostal muscles and the muscles in front of the neck, the hypothesis of septic fever, though sustained in other cases, had to be abandoned with respect to these particular cases. Some unknown poison was now assumed to be at the bottom of the outbreak; and an active inquiry into all the circumstances of the dinner was instituted. Every article of food and material was subjected to a most rigid examination, without any result in the first instance. But when the symptoms in some of the cases invaded the muscles of the leg, particularly the calves of some of the sufferers, the description which Zenker had given of a case of fatal trichinous disease was remembered. The remnants of sausage, and of pork employed in its manufacture, were examined with the microscope, and found to be literally swarming with encapsuled trichinæ. From the suffering

\* [We are not responsible for the author's German, probably in the original bill-of-fare this was *Bratwurst* or *Gebratene Wurst mit Kohl*—Eds.]

muscles of several of the victims small pieces were excised, and under the microscope found charged with embryonic trichinæ in all stages of development. It could not be doubted any longer, that as many of the 103 as had partaken of *Röste wurst* had been infested with trichinous disease by eating of trichinous pork, the parasites of which had, at least in part, escaped the effects of smoking and frying.

This awful catastrophe awakened sympathy and fear throughout the whole of Germany. Most of the leading physicians were consulted in the interest of the sufferers, and some visited the neighbourhood where most of the afflicted patients remained. But none could bring relief or cure. With an obstinacy unsurpassed by any other infectious or parasitic disease, trichiniasis carried its victims to the grave. Many anthelmintics were arrayed to destroy, if not the worms already in the flesh, at least those yet remaining in the intestinal canal. Picric acid was employed until its use seemed as dangerous as the disease; benzole, which had promised well in experiments upon animals, was tried, but was unavailing. As case after case died off, and the dissection of each proved the parasites to have been quite unaffected by the agents employed, the conviction was impressed upon every mind that a man afflicted with flesh-worm is doomed to die the slow death of exhaustion from nervous irritation, fever, and loss of muscular power, in systems essential to existence.

But medical science had only just unravelled a mystery; and if it could not save the victims, it was determined, at least, to turn the occasion to the next best account. The cases were, therefore, observed with care, and chronicled with skill. All the multifarious features of the parasitic disease were registered in such a manner, that there can hereafter be no difficulty in the diagnosis of this disorder. A valuable diagnostic feature was repeatedly observed; namely, the appearance of the flesh-worm under the thin mucous membrane on the lower side of the tongue. The natural history of trichina in man was found to be the same as that in animals.

All observations led to the conviction that the trichina encapsuled in the flesh is in the condition of puberty. Brought into the stomach, the calcareous capsule is digested with the flesh, and the trichina is set free. It probably feeds upon the walls of the intestines themselves; for the irritation of the intestines begins before the bringing forth of young trichinæ has taken place. Copulation is immediately effected; and within a few hours, or a short portion of

days, from sixty to eighty live embryos leave the female, and begin their own career of destruction.

This consists, in the first instance, in an attempt to pierce the walls of the intestinal canal. Great inflammation of the entire surface ensues, ending not rarely in death of the villous or mucous membrane, or in the formation of masses of pus on its surface. Sometimes there are bloody stools. But these severe symptoms only ensue when much trichinous meat has been eaten. When less has been consumed, pain and uneasiness in the abdomen are produced, accompanied, however, in all instances, by wasting fever and prostration. The embryos actually pierce the intestines, and are found free in the effusion, sometimes serous, sometimes purulent, which is always poured out into the abdominal cavity. Thence they again proceed towards the periphery of the body, pierce the peritoneum, causing great irritation, and sometimes peritonitis, to the extent of glueing the intestines together to a coherent mass. They next proceed to the muscles nearest to the abdomen; arrived at the elementary muscular fibres, which, under the microscope, appear as long cylinders with many transverse striæ, they pierce the membranes, enter the fibres, eat and destroy their striated contents, consume a great part of the granular detritus, moving up and down in the fibres until grown to the size necessary for passing into the quiescent state. They then roll up in spiral or other irregular windings, the bags of the muscular fibres collapse, and only where the trichinæ lie a calcareous matter is deposited, perhaps by the trichinæ themselves, which hardens into perfect capsules round the parasites. A muscular fibre may harbour one or several parasites; but every fibre invaded by a single parasite loses its character entirely, and becomes a bag of detritus from one end to the other.

If it be remembered that one ounce of meat filled with trichinæ may form the stock from which, in a few days, three millions of worms may be bred, and that these worms will destroy in the course of a few weeks not less than two millions of striated muscular fibres, an idea of the extent of destruction produced by these parasites can be formed. We are not in a position to say to what proportion of the fifty or sixty pounds of muscle required for the performances of the human body these two millions of elementary fibres actually amount. In the muscles nearest to the abdomen, the destruction is sometimes so complete, that not a fibre free from parasites can be found. This amounts to complete paralysis. But death is not

always produced by the paralysis; it is mostly the result of paralysis, peritonitis, and irritative fever combined. No case is known in which trichiniasis, after having declared itself, became arrested. All persons affected have either died, or are in such a state of prostration that their death is very probable.

Most educated people in Germany have, in consequence of the Hettstädt tragedy, adopted the law of Moses, and avoid pork in any form. To some of the large pig-breeders in Westphalia, who keep as many as two thousand pigs, the sinking of the price of pork has been a ruinous—at least, a serious—loss. In the dining-rooms of the hotels in the neighbourhood of Hettstädt, notices are hung up announcing that pork will not be served in any form in these establishments. To counteract this panic, the farmers' club of the Hettstädt district gave a dinner at which no other meat but pork was eaten. But it has had no appreciable effect. The raw ham and sausages of Germany are doomed to extinction. The smoked and fried sausages must necessarily be avoided. What parts of the pig can be eaten in the form of sausages with any degree of safety remains to be ascertained. The Germans think not any. They have ceased to believe in roast pork, sausages, pork-cutlets, and the like; and admit pork only in the form of thoroughly cured, well-smoked, well-seasoned, tender boiled ham, and in that of long kept, well-cured, well-fried bacon. The rest is believed to be tainted with the danger of trichina. So lively is the popular panic, that when pigs are being driven through the streets, the boys shout after them: "*Trichinæ! trichinæ!*" This has the effect of making the drivers angry, and causing them to hit the boys if they can, and if the urchins are too quick for them, the stripes fall upon the poor pigs.

In the south of Germany, some people now say that the Hungarian pigs are most frequently affected with trichinæ. This rumour, like the famous pork dinner of the farmers' club, may, however, have been set up with the intention of quieting apprehension about the native pigs. We have already mentioned the accident which befel the crew of a merchant vessel. They shipped a pig at Valparaiso, and killed it a few days before their arrival at Hamburg. Most of the sailors ate of the pork in one form or another. Several were affected with trichinæ and died. Of those whose fate could be inquired into, only one seems to have escaped the parasites. Another outbreak in Saxony has carried away twelve persons. A fourth wholesale poisoning by trichinæ is just reported from Offenbach, the

**Birmingham of Hesse-Darmstadt.** Of upwards of twenty persons infected, three had already died when our correspondent's letter left. Numerous sporadic cases of fever, and epidemics of inscrutable peculiarity but referred to an anomalous type of fever, are now claimed by medical authors, and with much show of reason, to have been outbreaks of trichiniasis, or flesh-worm disease. Several German physicians experimentalise with a view of finding a cure for this terrible disorder. Professor Eckhardt at Giessen, we are told, has obtained permission to try the disease and supposed remedies upon a murderer under sentence of death. We have not been told whether his reward in case of success is to be a commutation of his capital sentence; but should hope this to be the case. The experiment, even if it should not have the romantic character indicated, will probably teach some curious details of the life of these parasites.

Almost everywhere the commonest rules of cleanliness are disregarded in the rearing of pigs. Yet pigs are naturally clean animals, avoiding, like dogs and cats, all contact with ordure. Though they burrow in the earth, and in summer wallow in the mud, they abhor the heaps of excrements mixed with straw in and upon which they are frequently kept. A due regard to cleanliness will prevent trichinæ in the pig. In wild boars, of which many are eaten in the country round the Hartz Mountains, trichina has never been found. Neither has it been met with in sheep, oxen, or horses. Beef is the safest of all descriptions of meat, as no parasites have ever been discovered in it. They have also never been found in the blood, brain, or heart, of those animals in whose striated muscles they love to reside.

As it would be useful if the medical profession, as the natural guardian of public health, were to put people on their guard against eating pork in an underdone condition, and otherwise than in the form of thoroughly boiled or roasted meat, we propose to our readers to use the word *flesh-worm* for popularly designating trichina. The word seems to express, to some extent, the horrors of the disease. Lastly, we would recommend to every medical man to make himself thoroughly acquainted with the symptoms and characters of the disease, as it does not seem to be very uncommon, but rather hitherto to have escaped observation.—(*British Medical Journal*, Jan. 16, 1864).



*Laville's Remedy for Gout and Rheumatism.*

The method of treatment adopted by Laville has gained a great reputation among the gouty, and we have met with several cases where it has proved a great success. One case of an old gentleman recurs to our mind, who was incessantly plagued with fits of gout in one joint or another, which laid him up often for several weeks at a time, and made his life a burden to him. He was recommended to try Laville's system, and though many months have since elapsed, he has never had the slightest symptoms of his former malady, but is able to walk about and enjoy himself as he had not been able to do for many years. Dr. Laville professes to be, and for aught we know, is an honest and straightforward practitioner, and he has written a little book, in which he describes his treatment. This treatment consists of two remedies, one for acute attacks of gout, the other for the chronic state of the malady. We cannot offer any opinion respecting the value of the first, which consists in giving repeated doses of a mixture of

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|-----------------------------------|-------------|
| Spanish wine.....                 | 1000 parts. |
| Rectified alcohol .....           | 200 “       |
| Aromatic distilled water.....     | 160 “       |
| Colocynthin .....                 | 10 “        |
| Preparation of Peruvian bark..... | 20 “        |
| Colouring matter.....             | 9.5. “      |

The whole mixed together and repeatedly filtered. The Colocynthin is merely extract of Colocynth, prepared according to a particular formula, and the preparation of Cinchona bark is also obtained by a peculiar process, which he describes. But with respect to his remedy for the chronic state of gout, the gouty diathesis, we can speak more decidedly—as we know that in many patients it completely removes the gouty pains present at most times, and wards off fits of gout for an indefinite length of time. The remedy consists of pills, prepared in the following way:—A powder is made of the dried leaves, flowers, and berries of *Alkekengi* (*physalis a.*). This powder is moistened with water, so as to form a soft paste; a little slaked lime finely powdered is added, and boiling alcohol is repeatedly poured on it. The filtered liquid when distilled furnishes a residuum containing *alkekengine*. To this is added an equal quantity of a solution of Silicate of soda, which must be very limpid, transparent, completely colourless, and of a density of 60°. This



mixture is brought to a proper consistence for making pills by means of a vegetable powder, such as Chamædrys. The dose is from 1 to 10 pills a day, according to the mildness or severity of the disease, the remoteness or the proximity of the threatened attack. When the attack is over the pills may be continued, 1 to 3 a-day for a considerable time. They do not cause purging, sickness or discomfort, and they may be taken just before meal times. It is possible that the Alkekengine in the pills has some medicinal affect on the gouty diathesis; but we doubt very much if this is the case. Alkekengi is not supposed to possess medicinal qualities of any very powerful kind, and is indeed often eaten in Spain and Germany as a kind of dessert fruit. But the Silicate of soda is a very powerful and profoundly active medicine, by virtue of the silica it contains; and we should imagine the pills owe their anti-arthritic power entirely to the presence of this substance. At all events, we think that the success of this treatment should lead us to try the effects of Silica in chronic gout, for which its pathogenesis shows it to be homœopathically indicated.

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#### *Treatment of Rheumatism with Sulphur.*

Tendinous rheumatism, according to Dr. Renard, differs from acute rheumatism by the absence of the general symptoms, and from the chronic by the presence of local inflammatory symptoms. Dr. Renard suffered from this complaint himself after an attack of acute rheumatism, for which he was copiously bled. The parts affected were the tendons of the hamstring muscles, and no improvement resulted after a long course of diaphoretics, camphor, terebinthinate, and other liniments, and the administration of the solanacæ. At last Dr. Renard saw a passage in an English medical journal, stating that persons suffering from rheumatism in the legs had only to dust the inside of their stockings with sulphur. He immediately employed this simple remedy, the sulphur being the commercial flowers of brimstone, which contain some sulphurous acid. The curative effect was very well marked, for Dr. Renard walked in the evening, then renewed the sulphur in the stockings before sleeping in them, found himself very much relieved the next morning, and nearly quite cured on the morning after. A few days later he left off the brimstone, and the pain reappeared in the soles of the feet, but yielded very soon to the reapplication of sulphur. Since the

year 1857, when he was first attacked, the same experiment was repeated every winter when he was suffering from chronic tenodynia, either in the hams, the heels, or the elbows. He felt, under the influence of the contact of the flowers of brimstone, the skin becoming hotter, slightly excited, and more disposed to sweating; and as soon as this effect was produced, the relief of the pain seemed to be immediately marked. Whatever may be the explanation of the manner in which sulphur exerts its curative agency, Dr. Renard affirms that it has a beneficial effect upon the rheumatic pains of the tendons, and that this action is the more rapid and certain in proportion as the tendons are more superficial and the sulphur is kept more closely over the painful parts.—*British and Foreign Medico-Chirurgical Review*.

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*Cantharides in Vesicular Erysipelas of the Face.*

. Dr. Lougeay advises the employment of Cantharides, in doses of 3 to 5 drops of the pure tincture every 5 minutes, in the severest cases of vesicular erysipelas of the face. He says that the relief is almost certain after 3 such doses, and he announces that he has obtained nothing like the same effect from higher dilutions of the remedy, and that he has never seen any of the pathogenetic effects of the drug, either in the urinary or genital organs. He gives the following illustrative cases :—

Mrs. C., a resident of this city, (St. Louis), aged 19, after some hours feverish excitement, experienced a swelling and redness on the inside of the nose. She applied to an allopathic physician, who pronounced the tumefaction a node ! Notwithstanding his prescription, the swelling and redness began to envelope the face, and a second allopathic physician was called in ; but, in spite of the treatment, the disease continued to augment, and for 36 hours the patient suffered the most excruciating pain. I was called to see her in the night. The erysipelatous inflammation had spread over the nose to the malar bone of each cheek, and from the superior part of the os frontis, to the margin of the upper lip. Pulse 120, tongue fiery red, completely exhausted by pain and loss of rest. I gave 5 drops of tincture of *cantharides* in a tablespoonful of water, and in five minutes other 5 drops ; in less than fifteen minutes after taking the last dose she became quiet, and had a sleep of fifteen minutes. I ordered another dose of the same quantity and left her. The next morning I was much pleased to learn that she had slept well all night, and was comparatively free from pain. She complained of itching and creeping

over the parts the following day, which *sulphur* promptly relieved. She made a rapid recovery.—*North American Journal of Homœopathy*, Feb. 1864.

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*Reduction of Strangulated Hernia by India-Rubber Bands.*

By Mr. MAISONNEUVE.

“On the 16th of July, 1863,” says Mr. Maisonneuve, “the Director of the Hôtel-Dieu summoned me at one o’clock in the morning, to the assistance of the lamp-lighter of the hospital, who was affected with strangulated hernia. I was informed that the patient, a man aged thirty-four, had for several years borne reducible inguinal hernia on the left side, for which he wore a truss.

“The truss, however, was worn out, and for a month the hernia had not been kept properly reduced, and in the evening of the 14th, during an effort, strangulation took place.

“The entire night of the 14th passed without N—— calling in, any assistance; he trusted that the horizontal attitude alone would be sufficient to cause the return of the protruded bowel into the abdomen. The pain, however, persisted throughout the night, nausea and vomiting made their appearance, and the tumour acquired the size of the fist. Mr. Jobert then prescribed a bath of two hours’ duration, to be followed by attempts at taxis, which proved entirely unavailing.

“The attempts were again repeated after the application of ice over the tumour, but without any better result. In the course of the evening the symptoms became extremely urgent, the hernia was hard and painful, and vomiting recurred every half hour with intense suffering. The house-surgeons on duty opined that kelotomy could not with safety be further delayed, and I was requested to visit the patient.

“The history of the case was then related to me, and I found that the tumour was hard, renitent, and had assumed a purple aspect. I inspected the matter rejected from the stomach, inquired into the state of the pulse, and the condition of the abdomen, and satisfied myself that the case was one of scrotal entero-epiplocele, that incarceration was present, that the constriction was too intense to yield to the usual means of reduction, and that two measures only afforded any chance of preserving life, viz., operation with the knife, or elastic pressure with the India-rubber band. My experience of the latter method, which for seven years I have invariably found successful in inguinal hernia, induced me to resort to it in preference to the other alternative, and I immediately applied it in the presence of the internes of the hospital.

“ The patient was placed on a trestle-bed, and a linen bandage was rolled round the body. To this was secured the extremity of a long India-rubber band four rings of which were tightly applied round the pedicle of the tumour. The hernia was then more loosely covered with the elastic roller, the compressive power being increased by the number of its turns.

“ Scarcely was the operation concluded when a gurgling sound was heard, indicative of the return into the abdomen of a portion of the contents of the tumour. The latter became immediately softer, and the band having been removed, the hernia was reduced with ease. A new truss was applied, and the patient has since resumed his duties in the hospital.”

In six other instances of inguinal or umbilical hernia a similar satisfactory result was obtained. In femoral hernia, however, the local condition of the protrusion is very different, and Mr. Maisonneuve proceeded as follows in the case of a woman aged thirty-six, who was admitted into his wards on the 23rd of last July, for crural hernia, occupying the left side; incarceration had taken place twenty-four hours before, and all attempts at reduction had entirely failed.

The tumour was hard, small, and, from its shape, but ill-adapted to the application of the band, and the professor therefore modified his usual *modus operandi*. A thick pad of compresses was in the first place laid over the hernia, and with the India-rubber roller, applied as tightly as possible the kind of bandage termed *spica inguinis* was speedily constructed; the pressure was permitted to last for five or six minutes, and was then quickly removed; the hernia though not reduced was found soft and flaccid. A very trifling amount of manipulation completed the reduction, and no relapse has since taken place.

To effect the reduction of small herniæ, the base of which cannot easily be surrounded by the band, Mr. Maisonneuve employs in addition to the elastic roller, a kind of compressor consisting of two parts, viz., 1, a lumbar metallic plate, and 2, a pad supplied with a screw.

The lumbar-plate, lined in an appropriate manner, resembles those in use in the construction of hypogastric belts; it is strong and sufficiently wide to rest on the small of the back, and at either extremity presents a hook, to which the caoutchouc band can be secured.

The pad is analogous to that of Petit's tourniquet, slightly concave, and supplied with an endless screw shaped like a cylindrical pin, on which runs a strong metallic rod, eight inches in length, and hooked at the extremities.

In order to use the instrument, the lumbar plate is, in the first place, applied to the loins, and the pad adapted to the hernia. An India-rubber band is then secured to each of the hooks of the posterior plate, and is brought forward and turned over the corresponding hooks of the rod attached to the pad, a procedure which is repeated as often as may be necessary to produce the required amount of pressure, the pad being at the same time carefully adapted to the tumour. The surgeon can regulate and increase at will the compressive action, by turning the screw, which causes the rod slowly to recede from the pad, and stretches the band in a corresponding degree.

This powerful instrument is deemed by its inventor, Mr. Maisonneuve, susceptible of manifold and important applications, in the treatment of aneurism for instance, of erectile tumours, &c., but it would seem more especially calculated to be useful in incarcerated hernia.—(*Medical Circular*, Oct. 28, 1863.)

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*Papulo-vesicular Eruption from the use of Morphia.*

A few days previously I was called in to see the sister of Mrs. L., and finding her labouring under pectoral affection, I ordered her Sol. morph. muriat., to be taken in the usual doses for allaying the irritation of the cough. Mrs. L. having subsequently become affected with a "cold in her chest," and seeing the benefit accruing from the morph., had my prescription renewed for herself, and took the medicine so frequently—her sister had taken it but every fourth and sixth hour—as to induce excessive drowsiness, "falling asleep, even while she was speaking;" on the evening of the day in which she thus took the medicine, she was attacked with vomiting, and was soon covered with this rash; that beginning on the face spread itself over the entire body, quickly extending from the face to the neck, trunk, and lower extremities.

Fearing an invasion of small-pox, the friends summoned me next day, and their fears were allayed by my assuring them that the eruption was occasioned by the morphia. So strongly did it resemble measles, at least in having the crescentic arrangement, that it had been pronounced such by another medical man. I need scarcely add that the discontinuance of the cause—the morphia—was followed by a speedy resolution of the effect, the seeming Exanthem, and that next day there was little trace of the eruption. Had I not previously seen opium produce the same or similar effects, I too should have been puzzled.—(*Medical Circular*, June 10, 1863).

*The Calabar Bean and its Effects on the Eye.*

Dr. D. Argyll Robertson, from some experiments on this newly introduced agent, finds that the local application of the Calabar bean to the eye induces—1. A condition of short-sightedness. That this is present, and the cause of the indistinctness of distant vision cannot be doubted, as it is relieved by the use of concave glasses. The fact that objects appear larger and nearer than natural may be attributed to the induced myopia. 2. It occasions contraction of the pupil, and sympathetically dilatation of the pupil of the other eye. We further observe that atropine possesses the power of counteracting its effects; and, *vice versa*, that it is capable of overcoming the effects produced by atropine. The first symptom noticed is dimness of distant vision, and shortly after the pupil becomes contracted; the symptoms also subside in the same order, first the derangement of accommodation, and then the affection of the pupil. The effects of the Calabar bean on the pupil might be produced either by causing contraction of the circular fibres of the iris, or by paralysing its radiating fibres. Dr. Robertson believes that the contraction of the pupil is due to increased action of the sphincter pupillæ; chiefly on the ground that the other effects produced by the Calabar bean can only be explained by an induced contraction of the ciliary muscle; and as the sphincter pupillæ and ciliary muscle are both supplied by the ciliary nerves, he regards it as a stimulant to the ciliary nerves. In favour of this view we have the feeling of straining in the eye shortly after the physiological effects are produced. The alteration, too, in the accommodation of the eye exhibits much of the character of a spasmodic action. It has also been observed that the accommodation of the eye is not usually affected in cases where contraction of the pupil is due to lesion of the sympathetic. This substance is applicable in all instances where atropine is used to render the examination of the eye more perfect or more simple. This includes two classes of cases; those in which dilatation of the pupil is either necessary or desirable to aid ophthalmoscopic examination, and those in which paralysis of the ciliary muscle is necessary, in order to ascertain the state of the accommodation of the eye. In cases of retinitis, with photophobia, Dr. Robertson thinks it might be advantageously employed to diminish by contraction of the pupil the access of light to the retina; more especially in cases of this disease where the pupil has been dilated for the purpose of ophthal-

mic examination. The cases, however, in which he expects this remedy to produce the most beneficial effects, are those in which paralysis of the ciliary muscle occurs as a consequence of long continued debilitating disease. Cases of this kind are occasionally reported as following attacks of typhus or other fevers. The dimness of vision that forms a frequent sequela of diphtheria appears also to be due to this cause, judging from the symptoms detailed by Dr. Begbie, in an admirable paper on diphtheria, recently published in the *Edinburgh Medical Journal*; therefore, in these cases, good effects may be expected from the use of the Calabar bean. In cases of ulceration at the margin of the cornea, leading to perforation, or even when prolapsus of the iris has just occurred, as well as in cases where the iris has a tendency to protrude through a corneal wound, the contraction of the pupil induced by this agent might prove serviceable by drawing the iris away from the circumference.—*Edinburgh Medical Journal*, March 1863.

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*Fissure of the Anus cured by Dilatation.*

A week scarcely ever passes without a case of what is called *Fissura in ano* occurring in the wards of M. Maisonneuve, who always resorts for its cure to forcible dilatation of the anal orifice. The Professor has instituted this procedure in several hundreds of cases, and as Messrs. Nélaton and Danyau effect every day fresh cures by the same method, he expresses his surprise that it should not have been hitherto more generally adopted by surgical practitioners.

What is the object of dilatation? Mr. Maisonneuve opines that the fissure is not the most important feature of the disease, but the spasmodic contraction which is not always confined to the lower sphincter and often extends to the *Sphincter ani internus*, a circumstance which explains the failure of the operation when attempted by Boyer, Blandin, Robert, and all those who merely endeavoured to modify the condition of the external muscular ring. Dilatation, on the contrary, almost invariably succeeds; but would prove as unavailing as incision to check the symptoms, if the superior fibres were not reached. When the fingers are too short to penetrate at the requisite depth, glove stretchers may be used with every confidence of a satisfactory result.



Mr. Maisonneuve seldom exhibits chloroform for this operation, which consists in the forcible distension of the anus with the fore-fingers simultaneously inserted as far as possible into the internal orifice.

The pain consequent on the operation lasts about three-quarters of an hour; and an ecchymosis of no importance appears around the anus. The power of retention of the fæces is not impaired, as might be supposed by the distension, and the orifice of the intestine speedily recovers its natural tone.

Mr. Maisonneuve informs us that he frequently resorts with much benefit to this singular procedure in the case of persons who conceive themselves to be affected with piles, and who do not connect their pain or discomfort with the act of defecation. Constipation is present in some, in others diarrhœa or tenesmus; on the introduction of the finger, the real cause of the symptoms is easily detected, in the shape of spasmodic contraction of the sphincter muscle. If distension is at once performed, the infirmity is immediately relieved, but the patients remain firmly convinced that they have been cured of hæmorrhoids."—*Medical Circular*, Dec. 9, 1863.

## OBITUARY.

### DEATH OF DR. VON BÖNNINGHAUSEN.

On the 20th of January last the genial and excellent old Dr. C. Von Bönninghausen died of apoplexy at the age of 79 years. Few names appear so constantly in the history of homœopathy as that of the deceased. He at one time, we believe, occupied a position in the court of King Louis of Holland. He was a good classical scholar, a proficient in botany, and one of the most diligent students of the *Materia Medica*. He contributed many works to Homœopathic literature, the best known of which are his *Repertory of the Antipsoric and Apsoric Medicines*; his *Therapeutic Manual*; his monograph on *Intermittents*; his *Sides of the Body*; and lastly his works on *Hippocrates*, so lately noticed in these columns. At the time of his death he was correcting the proof-sheets of a new work, *The Therapeutics of Fevers*. He was founder of the Medical Society of Rhineland and Westphalia, over which he presided with a geniality and affability which will ever be remembered by those who have taken part in its meetings. Differing, though we did, on



several points from him, we always felt for him the greatest esteem and friendship, and we can testify that even in the heat of controversy, whether conducted orally or in writing, he never lost the courteous tone of a thorough gentleman. He held his own opinions strongly, but he never sought to inculcate them otherwise than by a genial, persuasive style of argument, which left no bitter feeling in his opponent. In a letter written to Dr. Meyer shortly before his death, he speaks almost prophetically of his approaching end. "I am," he says, "almost the only one remaining of the *oldest disciples* of our immortal Master, and my days are numbered." Homœopathy and his many friends have sustained a great loss by his death.

### BOOKS RECEIVED.

*Annual Report of the New York State Homœopathic Society*, 1863.

*The Early Annals of Homœopathy in New York*, by JOHN F. GRAY, M.D. New York, 1863.

*Fragmentary Thoughts on the Life and Death Forces*, by SAMUEL COCKBURN, M.D. Glasgow, 1864.

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THE  
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MEMORABILIA OF PRACTICE.

By DR. DUDGEON.

GIVE us practical papers—records of striking cases—cases that teach something—such is the constant demand made by their readers on the editors of medical journals. A demand more easily made than complied with. For every practitioner must know that the vast majority of the cases he treats and cures teach nothing but what every practitioner already knows. The cases may be satisfactory enough; they may illustrate exceedingly well the curative power of the medicines administered, and thus they may be of use to the practitioner who treats them by strengthening his confidence in his tools, but if he sets himself down to record them he is disappointed with the result; he sees they will not produce the same effect on those who read as on him who treated them. In fact, he finds that his best cases will only repeat what every handbook tells us—such common truths of homœopathy that they may almost be called truisms—such as, that arsenic cures gastric fever; bryonia, pleurisy; aconite, inflammatory fever; phosphorus, pneumonia; mercurius, mucous diarrhœa, and so on. Moreover, many of his cases which he might have thought so convincing at the time, strike him on reflection as not quite positive proofs of

the curative action of his remedies, and therefore though he might at first have resolved to publish, on second thoughts he abstains. He thinks that, after all, his fine case of gastric fever might have recovered without the arsenic; his pleurisy would not necessarily have died without the bryonia; his fever might have subsided independently of the aconite; his pneumonia would probably have got well within the fortnight without the phosphorus—for has not Bennett of Edinburgh shown that pneumonia in young persons always terminates favourably if let alone; and so he criticises all his grand cases, till he finds with respect to all it is quite possible that he has confounded the *post hoc* with the *propter hoc*, and so he lays aside his pen, and the cases are never published. Private practice can seldom furnish us with a sufficient number of cases of any one disease to prove of much value in a statistical point of view, and the time is past when the gross result of all one's practice would be of much value in proving the superiority of homœopathy. As homœopathy is now of respectable age, and an established method of treatment, reviled indeed by medical opponents, but regarded favourably by a large section of the patient world, and respectfully by nearly all, the necessity for proving that cases do recover under it, which was felt in its infancy, is not so now, and the advantage of publishing common cases of severe disease is not obvious; hence, as years go on, the cases deemed worthy of a place in print, become ever less numerous, until we find that what are called practical papers are amongst the rarest of those published in our periodical literature.

Still the practice of every busy medical man must occasionally offer some facts that may be useful to his colleagues. The only difficulty is to know what are the useful facts in each one's practice. We may, through painful experience and reiterated failures have learned some important, and as we think, novel therapeutic truth, but on mentioning it to our colleagues, we may find that it has long been known to them all, whilst some other points which we supposed to be universally known would be really a novelty to our brethren. It is not with the expectation that what I am going to relate reveals any points of importance or novelty to my fellow-practitioners, that I publish

the following remarks, but on the chance that they may afford some hints that may possibly be of use.

*Euphrasia in Rheumatic Ophthalmia.*

W. Raven, æt. 30, a gardener, was sent by his employer to me on the 9th September, 1863. He has been suffering from inflammation of the left eye for more than two months, during which he has been under allopathic treatment. The whole eyeball is of a deep red colour. The vessels of the sclerotic and conjunctiva greatly distended. The membrane of the aqueous humor is dim, the iris green, and attached in several places to the capsule of the lens, so that when the pupil is dilated with atropine its shape is most irregular, and the dilatation is very partial. He can only distinguish light, but cannot see anything distinctly, and the light causes him great pain, so that he keeps a thickly-folded handkerchief over the eye. The eyeball is the seat of constant aching and shooting pains, worst at night, and altogether depriving him of sleep. I at first thought the inflammation was of a syphilitic character, but he assured me he had never in his life had any syphilitic infection. He attributed it to having taken cold while working in damp clothes. I therefore concluded that this was a case of severe rheumatic ophthalmia, and formed a bad prognosis of the case as far as any restoration of sight was concerned. I gave him a solution of *atropine* to drop into the eye occasionally, in order to obviate if possible complete closure of the pupil. I gave him for internal medicine *bellad.* 1, a dose three times a day. As he was a poor man, and lived a good way out of town, I could not see him frequently.

He came back a fortnight afterwards, shewing no improvement. The pain was as bad as ever; he could get no rest at night. The redness of the eye was as intense, and the signs of inflammation in the lining membrane of the aqueous humor as visible as before. *Mercurius corrosivus* 2 and *colchicum* 1, given during the next fortnight, produced no appreciable change, and the poor fellow's strength and patience were nearly exhausted by the intensity of his sufferings.

The usual medicines having thus failed to give relief, I resolved to try the effects of *euphrasia*. The proving of this medicine is quite fragmentary, and does not give much indication for the disease in question, but I was led to give it partly from experience of its efficacy in superficial inflammations of the eye, and partly from its great reputation as an ophthalmic remedy from the remotest times. On the 12th of October, therefore, the eye being no way improved after a month of homœopathic treatment, I gave him *euphrasia* 1 dec. to be taken three times a day. I could not leave off the solution of *atropine*, as I still feared the pupil might be closed by adhesion.

On the 21st of October he returned much pleased, as the pain was gone, and he could see a little. On the 28th he wrote for some more medicine, reporting that "the eye was doing remarkably well." On the 5th of November he came to see me, and I found the inflammation nearly gone. The clear state of the membrane of the aqueous humour allowed me to see the iris of its natural colour, and that there were deposits of lymph on the surface of the capsule of the lens, and adhesions of the iris which will of course be permanent. The sight was gradually and daily improving. I allowed him to continue the *euphrasia* for some little time longer, and to report himself if the inflammation should return. He never came back and I learned this month (April) that his eye was quite well, and that he could see as well with the one that had been inflamed as with the other.

Since this case I have had another opportunity of testing the value of *euphrasia* in rheumatic ophthalmia in the case of an old lady who had already lost her right eye by inflammation a year previously—not under my treatment, I am happy to think. The rheumatic inflammation again attacked the blind eye, and had already attained a considerable height before I saw it. She had much aching pain in the ball, and occasional darting pain which kept her awake at night and rendered her unfit for anything during the day. There was also great aching pain all around the orbit and at the back of the eye, as she described it. The whole of the sclerotic was highly injected. I first gave her *spigelia*, and then *mercurius corrosivus*, but without good

result. *Euphrasia* however soon reduced the inflammation, and removed the pain, but though the eye daily improved, it was nearly a fortnight before the inflammation was quite gone.

Hartmann (*Therap.* Vol. II. p. 194) recommends *euphrasia* in rheumatic ophthalmia, but I am not aware that there are any cures on record effected by its means.

### *Iodine in Jaundice.*

In the beginning of April 1862, a gentleman, aged 64, wrote me from Ostend, where he then resided, that he had been suffering for several weeks from jaundice, with much pain in the liver through to the shoulder-blade, no appetite, constant nausea, clay-coloured stools, porter-coloured urine, debility, emaciation. He had been under allopathic treatment without any improvement; indeed he had continued steadily to get worse. I prescribed a course of *mercurius* 1, followed by *phosphorus* 2. On the 24th of April, feeling himself no better, he came over to see me. His colour, naturally fair and florid, was almost brownish yellow; he was very weak, he had some tenderness about the hepatic region, constant nausea, no appetite, and from being a robust corpulent man, he was quite thin, and his clothes hung about him. The motions were sluggish and clay-coloured, the urine was as dark as strong tea, and he was beginning to despair of recovery. He could not assign any cause for his malady, and I was unable to detect any signs of gall-stones. I apprehended organic disease of the liver, but endeavoured to encourage him as much as possible, as he was much depressed in spirits. I ordered *iodine* 1, a drop in water three times a day. He returned to Ostend, and on the 5th of May wrote me that he had persevered with the medicine, and to the astonishment of the allopathic doctor who attended his family, he was now quite well. The appetite was good, the motions regular and natural, the skin and urine of natural hue, and he was able to take his usual amount of exercise without fatigue. I have seen him within these few months, and he has continued quite well ever since. I cannot of course be sure that his recovery was due to the *iodine*, but he seemed to be

thoroughly convinced that it was. Hartmann recommends *iodine* in icterus when there are the following symptoms: a dingy yellow skin, excessive emaciation, lowness of spirits, or irritable temper, dark yellow or brownish colour of the face, thickly-coated tongue, thirst, nausea, white diarrhoeic stools alternating with constipation, dark yellowish green acrid urine. These symptoms nearly correspond with those of my patient, but I don't know if any cases are on record in homœopathic literature of cures effected by *iodine*.

### *Ice in Diphtheria.*

On the 20th of March last I was hurriedly sent for to see a little girl, thought by her mother to be dying of sore throat. I went, and found a sweet-looking little girl of 9 years old, lying in a bed-room over a stable in a mews. The atmosphere of the room was extremely bad, worse indeed than is usual even in such places. On enquiring the cause, I was shewn an untrapped drain in the stable floor that communicated with the main sewer, and from which there ascended through the house a most pestilential effluvium. As there was a skylight in the bed-room where the girl lay, I caused it to be kept constantly open though it was immediately over her head, and the weather was extremely cold at the time. On examining the patient, I found the whole of the right side of the throat and the palate soft and hard up to the middle of the latter immensely swollen, and very dark red, except where covered with the streaky white exudation, as though a brush of white paint had been passed over the surface, an appearance quite characteristic of the earliest stage of diphtheria. The whitish exudation appeared thicker the farther back it was. The whole of the fauces seemed to be choked up with the swelling, and swallowing was difficult and very painful. The uvula was pushed forward, and lay a large bloated mass with diphtheric deposit on the tongue, which was white, and the breath extremely offensive; the pulse weak, upwards of 120, and the prostration great. The mother assured me the sore throat had only been observed the previous day, and that it had got very rapidly worse within

the last hour or too. There was not any great swelling on the outside of the throat. It appeared full, and there was a red blush over it, which I have often observed in similar cases. I touched the exudation wherever I could reach it with *muriatic acid*, and ordered the mother to give the patient small pieces of clear ice every five minutes day and night. For medicine I left *belladonna* 1, and *merc. iod.* 2, to be given alternately every two hours. Milk and beef-tea occasionally, and a teaspoonful of port wine, should the patient seem to get very weak. The next day the swelling appeared decidedly less, and the exudation all over the affected part had assumed the characteristic wash-leather appearance. I again touched it with muriatic acid, and ordered the other prescriptions to be continued as before. On the 22nd the swelling was so much diminished when I saw the patient in the morning, that I ordered the ice to be discontinued, and as the exudation was detaching itself from the mucous membrane I directed that the patient should gargle the mouth and throat frequently with cold water. On visiting her at night I found that the swelling had increased immensely, evidently shewing that the ice had been left off prematurely. The pain too was increased and the difficulty of swallowing. The outside of the throat on the affected side was of an intense red, like erysipelas. I caused the ice to be resumed at once. The other medicines as before. Under this treatment the case quickly recovered. By the 29th the morbid appearance of the throat was quite gone, and I had been able to discontinue the ice without detriment several days previously. There remained, as often happens after diphtheria, a paralysed state of the muscles of the fauces which yielded after a time to *nux vomica* and country air.

The effects of the ice in this case were most striking. I think it was first recommended by a French physician, and it certainly deserves to be remembered when we have to treat this very fatal disease. I always now touch the diphtheric exudation with muriatic acid, as I think this prevents its spread, and it certainly causes the false membrane to be detached sooner than it otherwise would. Unfortunately the swollen state of the tonsils prevents us reaching it beyond the anterior surface of those



bodies, so if the exudation has a tendency to spread downwards to the glottis, we cannot check it by the acid, but I am in hopes that ice tends to check its extension.

*"We should never Despair in Cases of Fever."*

On the 24th of January last I was sent for at about 6 p. m. to see a lady aged 72. I found her lying on her back in bed, breathing rapidly, with her mouth open, the lips and teeth covered with black sordes, the tongue dry and black, the eyes half open, no "speculation" in them. She was apparently unconscious, but could be roused to put out her tongue if talked to in a loud voice, she gave an occasional short cough in the midst of her quick respiration, her pulse was very thready, and though intermitting every second or third beat, was as frequent as 136 in the minute. I was informed that she was taken ill on the 19th, and had been attended up to that moment by two of the most celebrated allopathic physicians of London and a general practitioner, that on the 22nd she had begun to grow unconscious, and since that time she had appeared to sink rapidly, until at a consultation held shortly before I was called in, the medical men had held out no hopes of recovery, but as a *dernier ressort* had clapped a large blister on the chest. On hearing this unfavourable report, the members of the family likewise held a consultation among themselves, and resolved to see what a complete change of system would do for their aged relative. On announcing their determination to the general practitioner, he approved of it with an alacrity which showed that he fully believed that the doctor succeeding him would have nothing to do but to sign the death-certificate. I was now asked if I would undertake the case. I replied that I thought there was but little chance of recovery, that in fact I was quite disposed to agree with the allopathic attendants that she could not last twenty-four hours, that consequently I would rather not undertake the treatment. However, they all begged me so earnestly to give their mother the chance of rallying under a different treatment, that I could not refuse to try if homœopathy could do anything under such desperate circumstances. I removed the blister, which had not been on two

hours, and had produced no effect on the skin, and I set to work to consider what had best be done. She had been taking a great deal of port wine, and some saline medicine, probably Acetate of Ammonia. I diminished the allowance of port-wine to a tablespoonful every two hours, and for medicine mixed some drops of *arsenicum* 3 in half a tumbler of water, and some drops of *phosphorus* 2, in another half tumbler of water, with directions to give the medicines alternately every half hour, by teaspoonfuls. My reason for giving the Phosphorus was that I suspected pneumonia, or at all events, congestion of the lungs, chiefly from the character of the cough, and the dull percussion sound of the chest at the sides. I could not move her to examine her with the stethoscope posteriorly. In fact, as she was a very heavy woman, and utterly unconscious, it was impossible to move her for several days. As urine and fæces were passed unconsciously beneath her, I directed the nurses to see that she was never left lying in the wet sheets. On returning about 10 p.m. I found things apparently in the same state, with only this difference, that the pulse in place of 136 was only 120, and did not intermit so frequently. On the morning of the 25th, as the pulse had improved still further, though the other symptoms remained apparently precisely the same, I requested a consultation with Dr. Russell, before giving an opinion on the prospects of the patient. This was readily acceded to, and we proceeded to examine her together. Dr. Russell did not take such an altogether dismal view of the case as I had at first, and indeed my own forebodings had been already considerably modified by the fact that since 6 p.m. of the previous day, the pulse had become stronger, fuller, more regular and slower. So we agreed to give a more hopeful prognosis, but to announce that it was very doubtful if a person of her age, and so extremely ill, could eventually recover. This put the family in such spirits that they insisted on my seeing the patient every two hours, and spending every night in the house until we should be able to pronounce her out of danger. Dr. Russell suggested that the *arsen.* and *phos.* should now be changed for *antim. tart.* 1, with a view to relieve the lungs of their load of mucus. This was accordingly done, and the following day

some rusty-coloured expectoration was brought up. I need not dwell upon the details of the treatment of this case. Suffice it to say generally that under *ant. tart.*, *phosph.*, *arsen.*, *bellad.*, and *nux vomica*, given according as the patient's condition seemed to require, all went on swimmingly. Consciousness gradually returned, though for many days there was much wandering, the pulse grew steady and slow, the pneumonic symptoms ran their usual course, food could be taken, stimulants abandoned, the calls of nature were felt, and at the end of a week I could cease to stay the night at the patient's house, as all danger was past. The convalescence was not very tedious, the thing connected with it that gave me most trouble was a small bed sore on the back, which might have been much larger, but that as soon as I perceived she had a chance of recovery, I had her placed on a large water cushion. She now (June 8) is in excellent health, and alleges that she sleeps better at nights than she had done for years previous to this attack of typhoid fever. I may mention that after I had been in attendance about a week, and had pronounced her out of danger, one of her sons, meeting the general practitioner who had attended her before me, announced to him the gratifying progress his mother had made under homœopathic treatment, whereupon the allopath remarked, (and his remark shews that he was not a medical Bourbon, who could learn nothing), "Well, such a case teaches us that we should never despair in cases of fever." I should feel disposed to agree with this sentiment, provided I might be allowed to add *sotto voce*, "under homœopathic treatment," for I had another agreeable proof of the rallying power of some old people from the most hopeless seeming state in the person of an old lady of 83, whom I treated last year for an attack of low fever. I have unfortunately mislaid the notes of her case which I took at the time, but the main incidents of her case are strongly impressed on my memory. The treatment lasted from the 24th of April to the end of May 1863, and at one time I so utterly despaired of her recovery that I announced to the friends my conviction that she could not rally from the sinking state she appeared to be in. They talked among themselves about the expediency of

calling in other advice, and trying what allopathy would do, and I of course expressed my perfect willingness to retire, glad to get rid of an apparently hopeless case. But eventually the friends concluded that a change of doctors in such circumstances would be of no use, so they requested me to continue to treat their aged relative to the last. The patient's wishes could not of course be consulted, as she was delirious with the fever. I went on with the treatment, and to my surprise the old lady recovered, and I met her a few days since—a year after her recovery—enjoying a brisk walk along the road, and sniffing with delight the delicious odours of the summer blossoms.

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ON THE INSIGNIFICANCE OF THE PATHOGENETIC  
AND NOSOLOGICAL SYMPTOMS WHICH DETER-  
MINE THE CHOICE OF THE REMEDY.

By PROFESSOR HOPPE, of Basel.

(From *Allg. Hom. Zeitung*, vol. 68. page 105).

IN homœopathy it has not yet been brought forward with sufficient emphasis that the determining symptoms, both of diseases and of the provings of medicines, make their appearance in what in many respects are insignificant, nay even very insignificant, and unimportant form. This fact has not, indeed, passed unrecognized in homœopathy, but it has not been noticed with sufficient distinctness, and thus its importance and the apparent anomaly of the circumstance has not been fully appreciated. For when it is taught, that in the examination of the patient we must go to work in a sharp and penetrating fashion, and search unweariedly till we find the deciding peculiarity, this recommendation clearly implies that these peculiarities very often do not lie on the surface, but take an insignificant and apparently unimportant form. And when further it is taught in what manner provings must be made in order to allow the pure symptoms to develop themselves and not be concealed or suppressed by accidental phenomena, and also to observe them without disturbance, it likewise plainly follows

that the deciding, instructive, and important symptoms do not always force themselves on the attention at the first glance. Hence it has been well understood that the deciding symptoms frequently occur almost unobserved. But most of us have timidly, as it were, rather kept this fact to ourselves, and have not put it forward in the first rank as a rule for practice; we have silently given it an importance which we did not venture to pronounce openly in a clear, loud, and sharp manner. And we have acted thus timidly because we have looked upon it as a kind of immaturity and imperfection, that we should be obliged so often to depend upon such insignificant and unimportant symptoms. But whoever was thoroughly initiated into this open mystery, that just the deciding symptoms were often insignificant, and took advantage of it, at once distinguished himself by peculiar knowledge and skill; so much so that he again fell into the opposite danger of laying more stress on insignificant and hair-splitting distinctions than the progress of science has *as yet gone far enough to justify*—an evil which, when duly investigated, may show error on the part of individuals, but can ultimately only do good to science. Let us, therefore, pronounce decidedly, loud, and openly, that the determining symptoms frequently make their appearance in an insignificant and unimportant form, and let us make a formal demand that in the provings and examination of patients the insignificant symptoms should not be neglected, but, on the contrary, observed with peculiar care. It is *true* what we say here: this truth has its analogy in all departments of science, and it has its necessary foundation.

A slight shooting or boring in the teeth in the proving of a medicine, a little stronger beat of the heart, a trifling pain in the throat, a somewhat unpleasant taste in the mouth, which is repeated only at long intervals, a little alteration of the stools, a somewhat restless night, a somewhat copious perspiration, a somewhat depressed or excited state of the spirits, &c.; these are the phenomena to be observed, and to a certain extent it is primarily from these that the whole picture of the disease or the proving is put together. And has not also the diagnosis of diseases its difficulties and fine distinctions? Is the diagnosis

of iritis so glaringly obvious to the senses? is that of pneumonia so grossly palpable? or the distinction between diphtheritis and catarrh always so striking as it usually is in the fully developed cases? There are also here phenomena which occur in an insignificant and unimportant manner, which are, nevertheless, often of such consequence that they are the turning point in the decision. And as in diagnosis, so in microscopy, so in all medical rules, so in all sciences, and also in all things of daily life. Where no glaring facts stand out prominently there must be investigation, and that must direct itself to the insignificant circumstances, which in the nature of things must occur more frequently than the striking ones, but are often more important. And if the coarser changes in and about the tissues are often little developed, *how much rather* must this be the case with *such* phenomena as give only the subjective expression of excited action of the tissues. For these insignificant and apparently unimportant phenomena, which are often of such consequence, are expressions of tissue-action; expressions also which are tolerably undisturbed and usually not yet concealed by the results of the excited and disturbed tissue-action. These are the inceptive phenomena, and they are therefore likely enough to be wanting when the morbid process has attained its full development; they are wanting *e.g.* in a fully developed pneumonia, while they are still present at the beginning of the same and could betray the peculiarity of the irritation in progress. The "peculiar," the "proper" symptoms are those which are to be considered as the determining ones; but one must not thereby forget and reiterate the fact that these may be very insignificant and are, in fact, mostly to be sought in the ranks of small, little striking phenomena. Therefore without any timidity we admit those into our field of investigation. What microscopic observation is in small objects, that is in semiotics the scientific investigation of the small subjective and objective phenomena of disease; and whoever is unable to work in this field of the small and the fine, will never be a master here any more than there. The more mature intellect ventures into the depths, whose bounds are innumerable and whose results readily appear to the uninitiated to be insignificant, unimportant, petty, and fruitless.

# REPORT OF THE LEOPOLDSTADT HOMŒOPATHIC HOSPITAL, VIENNA, for the Year 1861.

| DISEASES.                          | Remaining<br>from<br>1860. | Received<br>in<br>1861. | Cured. | Relieved. | Died. | Remaining. |
|------------------------------------|----------------------------|-------------------------|--------|-----------|-------|------------|
| <i>General :—</i>                  |                            |                         |        |           |       |            |
| Anæmia .....                       | ..                         | 1                       | ..     | ..        | 1     | ..         |
| Hydrops saccatus .....             | ..                         | ..                      | ..     | 1         | ..    | ..         |
| Intermittens quotidiana .....      | ..                         | 8                       | 8      | ..        | ..    | ..         |
| "    tertiana .....                | ..                         | 16                      | 15     | ..        | ..    | 1          |
| "    quartana .....                | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Rheumatis. acut. ....              | 9                          | 124                     | 130    | ..        | ..    | 3          |
| "    subacut. ....                 | ..                         | 21                      | 20     | ..        | ..    | 1          |
| "    chron. ....                   | ..                         | 9                       | 6      | ..        | ..    | 3          |
| Scrofulosis .....                  | 1                          | ..                      | ..     | 1         | ..    | ..         |
| Typhus .....                       | 1                          | 105                     | 96     | ..        | 6     | 4          |
| <i>Of Nervous System :</i>         |                            |                         |        |           |       |            |
| Apoplexia .....                    | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Cardialgia .....                   | 1                          | 11                      | 12     | ..        | ..    | ..         |
| Colica flatulenta .....            | ..                         | 1                       | 1      | ..        | ..    | ..         |
| "    menstrualis.....              | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Epilepsia .....                    | ..                         | 2                       | ..     | 2         | ..    | ..         |
| Hemicrania .....                   | 1                          | 12                      | ..     | 13        | ..    | ..         |
| Hysteria.....                      | ..                         | 2                       | ..     | 2         | ..    | ..         |
| Irritatio spinalis .....           | ..                         | 3                       | 2      | ..        | ..    | 1          |
| Ischialgia .....                   | ..                         | 4                       | 3      | ..        | ..    | 1          |
| Meningitis.....                    | 1                          | ..                      | 1      | ..        | ..    | ..         |
| Neuralgia intercostalis ....       | 1                          | ..                      | 1      | ..        | ..    | ..         |
| Paresis .....                      | ..                         | 2                       | 2      | ..        | ..    | ..         |
| Singultus .....                    | 1                          | ..                      | 1      | ..        | ..    | ..         |
| <i>Of Eyes:</i>                    |                            |                         |        |           |       |            |
| Syndesmitis catarrh .....          | ..                         | 1                       | 1      | ..        | ..    | ..         |
| <i>Of Respiratory Organs :</i>     |                            |                         |        |           |       |            |
| Catarrh. laryng. acut. ....        | ..                         | 10                      | 10     | ..        | ..    | ..         |
| "    "    chron. ....              | ..                         | 4                       | 3      | ..        | ..    | 1          |
| Laryngitis chronica .....          | ..                         | 2                       | 2      | ..        | ..    | ..         |
| Bronchitis .....                   | ..                         | 14                      | 14     | ..        | ..    | ..         |
| Catarrh. pulmon. acut.....         | 1                          | 39                      | 39     | ..        | ..    | 1          |
| "    "    chron. ....              | ..                         | 4                       | 3      | ..        | ..    | 1          |
| Emphysema .....                    | ..                         | 2                       | ..     | 1         | ..    | 1          |
| Exsudatum pleuritic. ....          | 2                          | 8                       | 7      | ..        | 2     | 1          |
| Hæmoptysis .....                   | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Pleuritis .....                    | 1                          | 4                       | 5      | ..        | ..    | ..         |
| Pneumonia.....                     | 1                          | 12                      | 12     | ..        | ..    | 1          |
| Tuberculosis pulm. ....            | ..                         | 9                       | ..     | 7         | 2     | ..         |
| <i>Of Heart and Bloodvessels :</i> |                            |                         |        |           |       |            |
| Carditis .....                     | ..                         | 1                       | ..     | ..        | 1     | ..         |
| Insuff. valv. bicus. ....          | ..                         | 5                       | ..     | 2         | 3     | ..         |
| Lymphangoitis .....                | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Phlebitis .....                    | ..                         | 1                       | 1      | ..        | ..    | ..         |
| <i>Of Mouth :</i>                  |                            |                         |        |           |       |            |
| Angina .....                       | 2                          | 32                      | 32     | ..        | ..    | 2          |
| Parulis .....                      | ..                         | 9                       | 9      | ..        | ..    | ..         |
| Carried forward..                  | 23                         | 483                     | 441    | 29        | 15    | 22         |

| DISEASES.                        | Remaining<br>from<br>1860. | Received<br>in<br>1861. | Cured. | Relieved. | Died. | Remaining. |
|----------------------------------|----------------------------|-------------------------|--------|-----------|-------|------------|
| Brought forward..                | 23                         | 483                     | 441    | 29        | 15    | 22         |
| <i>Of Digestive Organs :</i>     |                            |                         |        |           |       |            |
| Catarrh. gastro. intest.....     | 2                          | 91                      | 90     | ..        | ..    | 3          |
| " " chron.. ....                 | ..                         | 2                       | 2      | ..        | ..    | ..         |
| Hæmorrhoids.....                 | ..                         | 1                       | 1      | ..        | ..    | ..         |
| <i>Of Peritoneum :</i>           |                            |                         |        |           |       |            |
| Peritonitis .....                | 1                          | 18                      | 17     | ..        | 1     | 1          |
| <i>Of Liver :</i>                |                            |                         |        |           |       |            |
| Icterus .....                    | ..                         | 9                       | 9      | ..        | ..    | ..         |
| <i>Of Urinary Organs :</i>       |                            |                         |        |           |       |            |
| Catarrh vesic. chron.....        | 1                          | ..                      | ..     | 1         | ..    | ..         |
| <i>Of Uterus :</i>               |                            |                         |        |           |       |            |
| Amenorrhœa .....                 | ..                         | 24                      | 22     | ..        | ..    | 2          |
| Chlorosis .....                  | ..                         | 15                      | 14     | ..        | ..    | 1          |
| Dysmenorrhœa .....               | 1                          | 8                       | 9      | ..        | ..    | ..         |
| Metrocarcinoma .....             | 1                          | 2                       | ..     | 3         | ..    | ..         |
| Menstruatio profusa.....         | ..                         | 13                      | 13     |           | ..    | ..         |
| <i>Of Skin :</i>                 |                            |                         |        |           |       |            |
| Detritus .....                   | ..                         | 4                       | 4      | ..        | ..    | ..         |
| Eczema .....                     | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Erysipelas faciei .....          | ..                         | 22                      | 20     | ..        | ..    | 2          |
| " pedum.....                     | ..                         | 10                      | 10     | ..        | ..    | ..         |
| Erythema .....                   | ..                         | 12                      | 12     | ..        | ..    | ..         |
| Lichen acutus .....              | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Panaritium .....                 | ..                         | 8                       | 8      | ..        | ..    | ..         |
| Perniones .....                  | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Phlegmone .....                  | ..                         | 21                      | 22     | ..        | ..    | 2          |
| Scarlatina .....                 | 1                          | 1                       | 2      | ..        | ..    | ..         |
| Sugillatio .....                 | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Variola*.....                    | ..                         | 9                       | ..     | ..        | ..    | ..         |
| <i>Of Glands :</i>               |                            |                         |        |           |       |            |
| Bubo .....                       | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Infl. gland. subment. ....       | 1                          | 2                       | 3      | ..        | ..    | ..         |
| Mastitis .....                   | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Parotitis .....                  | ..                         | 4                       | 4      | ..        | ..    | ..         |
| <i>Of Bones and Periosteum :</i> |                            |                         |        |           |       |            |
| Periostitis .....                | ..                         | 4                       | 4      | ..        | ..    | ..         |
| Tumor albus .....                | ..                         | 2                       | 2      | ..        | ..    | ..         |
| <i>Injuries :</i>                |                            |                         |        |           |       |            |
| Combustio .....                  | ..                         | 2                       | 2      | ..        | ..    | ..         |
| Contusio.....                    | ..                         | 8                       | 8      | ..        | ..    | ..         |
| <i>Syphilis :</i>                |                            |                         |        |           |       |            |
| Syph. secundar.....              | ..                         | 1                       | 1      | ..        | ..    | ..         |
| Brought in dying .....           | ..                         | 1                       | ..     | ..        | 1     | ..         |
|                                  | 31                         | 787                     | 726    | 33        | 17    | 33         |
|                                  | 818                        |                         | 818    |           |       |            |

A comparison of the deaths with the number treated shews a

\* These cases of small-pox were transferred to another hospital.



mortality of 2.0%, and of the deaths with those dismissed cured gives a proportion of 2.3%.

The special mortality was as follows :

- a. Typhus, 105 : 6 = 5.6%.
- b. Pleuritic exudation, 8 : 2 = 25.0%.
- c. Pulmonary phthisis, 9 : 2 = 22.2%.
- d. Insufficiency of the bicuspid valve, 5 : 3 = 60.0%.
- e. Peritonitis, 18 : 1 = 5.5%.

The time occupied in the treatment of the above patients amounted to 13,013 days, giving for each patient an average of 15.9 days.

If we compare the days occupied in the treatment of each patient with the previous year, we find that in 1861 the average was 2 days less, which may be chiefly owing to the fact that the number of those who sought admission was greater than in the previous year, and hence those convalescents who were out of service or were unwilling to work, could not remain so long in hospital.

We frequently discovered that patients treated in this hospital confessed to their bed-neighbours, that they intended to remain in the establishment until the warmer weather came in, or they had a chance of obtaining suitable employment.

With regard to the ages of the patients, we find :

| Between 11 and 15 years |    |    |    |    | 5  |     |
|-------------------------|----|----|----|----|----|-----|
| ..                      | .. | 15 | .. | 20 | .. | 184 |
| ..                      | .. | 20 | .. | 25 | .. | 274 |
| ..                      | .. | 25 | .. | 30 | .. | 143 |
| ..                      | .. | 30 | .. | 35 | .. | 68  |
| ..                      | .. | 35 | .. | 40 | .. | 44  |
| ..                      | .. | 40 | .. | 45 | .. | 35  |
| ..                      | .. | 45 | .. | 50 | .. | 16  |
| ..                      | .. | 50 | .. | 55 | .. | 11  |
| ..                      | .. | 55 | .. | 60 | .. | 5   |
| ..                      | .. | 60 | .. | 65 | .. | 0   |
| ..                      | .. | 65 | .. | 70 | .. | 1   |
| ..                      | .. | 70 | .. | 75 | .. | 1   |

The following table shows the variation from month to month of the number of patients received into the hospital from 1858 to 1861.

There were received

| In the year  | January.   | February.  | March.     | April.     | May.       | June.      | July.      | August.    | September. | October.   | November.  | December.  | Total.      |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| 1858..       | 61         | 53         | 52         | 79         | 73         | 79         | 56         | 60         | 42         | 56         | 58         | 71         | 740         |
| 1859..       | 67         | 69         | 59         | 76         | 72         | 62         | 76         | 76         | 52         | 45         | 53         | 48         | 756         |
| 1860..       | 40         | 46         | 67         | 49         | 55         | 55         | 38         | 39         | 56         | 67         | 49         | 57         | 617         |
| 1861..       | 55         | 52         | 44         | 82         | 91         | 88         | 59         | 67         | 53         | 63         | 66         | 67         | 787         |
| <b>TOTAL</b> | <b>223</b> | <b>220</b> | <b>222</b> | <b>286</b> | <b>291</b> | <b>284</b> | <b>229</b> | <b>242</b> | <b>203</b> | <b>231</b> | <b>226</b> | <b>213</b> | <b>2900</b> |

### SPECIAL PART.

#### *General Diseases.*

Under this rubric the first mentioned is

*a. Anæmia.* Josefa P., aged 28, was admitted on the 2nd January with this disease. She presented the saddest picture of consumption of the vital powers. Of middle stature, emaciated, with pale, dry, unvascular, cool skin, pinched features, hollow deep-lying eyes, bloodless mucous membranes, bulimia, very rapid, thready, easily compressible pulse, such extreme weakness that she could not raise herself without help, and with œdematous swelling of the feet; such was the state we found her in at the evening visit. The cause of this pitiful condition was, according to her statement, a serious attack of typhus fever, some months ago, from which she could never rally.

The medicine administered was of no use. She sank on the 18th January, with all the signs of general wasting. A *post mortem* examination showed a shrivelled, lax, and bloodless condition of the heart, lungs, liver, spleen and kidneys. The stomach was considerably contracted, the intestinal tube narrowed, the mucous membrane of both pale and bloodless. About the cœcum and above it the cicatrices of the former typhus ulcers were visible.

*b. Sacculated Ascites.* The patient, Marie St—, a maid-servant, aged 32, stated that three years previously, shortly after having had a child, she had a sensation in the abdomen as if it increased in size, which led her to suppose that she was again pregnant. But the symptoms she had experienced in former pregnancies were not present, and the menstrual flux continued in increased degree; and she had a dull shooting pain on the left horizontal ramus of the pubes, which was quite a new symptom. In spite of medical advice the abdomen continued to increase in size, and then at the same time first the legs and then the whole body grew thinner and thinner. The catamenia continued regular. It was not on account of the dropsy, but for the accompanying symptoms, that she sought admission to the hospital. She was of middle size and rather emaciated. The organs in the thorax were forced upwards but otherwise normal. The abdomen had a barrel-like shape, and was hard to the feel. The percussion sound was very clearly tympanitic in the pit of the stomach and the iliac fossæ, every where else it sounded empty, and remained unchanged by change of posture. The swelling itself fluctuated indistinctly. Examination of the vagina showed the uterus pressed down, and a fluctuating tumour extended deep into the vagina, especially on the left side. Examination caused no pain. The pulse was 96 and the appetite poor. The patient complained of difficulty of breathing, disturbed sleep, and extreme debility. It was evident that this was a case of cyst of the left ovary. Under the use of *arsenicum* the disagreeable symptoms disappeared, so that the patient feeling herself as well as usual and quite able to work, was dismissed at her own request on the 26th day of treatment.

*c. Intermittent Fever.* The number of cases of this disease admitted into the hospital amounted to 25 during the year. The greatest numbers were received in the month of May, viz. 6. Next came April, June and August, 3 each, March and September 2 each, January, October and December 1 each. In February and November no cases occurred.

Of these 8 had the quotidian, 16 the tertian, and 1 the quartan type.

The attacks occurred sooner in 7 cases, later in 4, and at equal intervals in 13.

The number of cases in which the attacks maintained their original type for several successive times, then ceased for several days, to reappear in the same or in another type, amounted to 6.

The numbers of attacks in the hospital were : in 4 cases, 3 ; in 7 cases, 5 ; in 10 cases, 6 ; in 2 cases, 8 ; in 1 case, 9 ; and in 1 case, 11.

As regards the age of those affected with the disease :

6 were from 15 to 20 years.

|   |   |    |   |    |   |
|---|---|----|---|----|---|
| 7 | „ | 20 | „ | 25 | „ |
| 3 | „ | 25 | „ | 30 | „ |
| 4 | „ | 30 | „ | 35 | „ |
| 2 | „ | 35 | „ | 40 | „ |
| 2 | „ | 45 | „ | 50 | „ |
| 1 | „ | 55 | „ | 60 | „ |

The total number of days occupied in the treatment of all the cases amounted to 302 ; giving an average of 12 days for each patient, a number which would appear smaller were it not customary to keep the patients in the hospital until at least 4 days passed over without a fit.

Intermittent fever was observed as a concomitant of other diseases, as in 2 cases of convalescence from typhus, one case of tuberculosis of the lungs and chlorosis.

All the cases terminated favourably. No deaths occurred.

*d. Rheumatism.* As seen in the above table, the number of cases of rheumatism received during the year was 154, remaining from the previous year, 9, total treated, 163. Of these, 156 got well, there remained in the hospital at the end of the year 7. There were no deaths.

Of these 154 admitted, 124 had the acute, 21 the subacute, and 9 the chronic form.

As regards the parts affected, 104 were cases of articular, 50 of muscular rheumatism.

As regards the ages of the patients affected :

|                                     |   |                               |   |     |    |     |
|-------------------------------------|---|-------------------------------|---|-----|----|-----|
| From 15 to 20 years                 | { | with articular rheumatism, 28 |   |     |    |     |
|                                     |   | „ muscular                    | „ | 11  | }  | 39  |
| „ 20 „ 25 „                         | { | „ articular                   | „ | 36  |    |     |
|                                     |   | „ muscular                    | „ | 21  | }  | 57  |
| „ 25 „ 30 „                         | { | „ articular                   | „ | 15  |    |     |
|                                     |   | „ muscular                    | „ | 3   | }  | 18  |
| „ 30 „ 35 „                         | { | „ articular                   | „ | 9   |    |     |
|                                     |   | „ muscular                    | „ | 3   | }  | 12  |
| „ 35 „ 40 „                         | { | „ articular                   | „ | 3   |    |     |
|                                     |   | „ muscular                    | „ | 6   | }  | 9   |
| „ 40 „ 45 „                         | { | „ articular                   | „ | 3   |    |     |
|                                     |   | „ muscular                    | „ | 3   | }  | 6   |
| „ 45 „ 50 „                         | { | „ articular                   | „ | 6   |    |     |
|                                     |   | „ muscular                    | „ | 1   | }  | 7   |
| „ 50 „ 55 „                         | { | „ articular                   | „ | 2   |    |     |
|                                     |   | „ muscular                    | „ | 2   | }  | 4   |
| „ 55 „ 60 „                         | { | „ articular                   | „ | 1   |    |     |
|                                     |   | „ muscular                    | „ | 0   | }  | 1   |
| „ 60 „ 65 „                         | { | „ articular                   | „ | 1   |    |     |
|                                     |   | „ muscular                    | „ | 0   | }  | 1   |
|                                     |   |                               |   |     |    |     |
| Total of articular rheumatism ..... |   |                               |   | 104 |    |     |
| „ muscular „ .....                  |   |                               |   |     | 50 |     |
|                                     |   |                               |   |     |    | 154 |

The treatment of these 154 patients amounted to a total of 2128 days, consequently the average duration of the treatment of each patient was 13·8 days.

The pericardium alone was affected in 4 cases, and the pericardium and cardiac valves in 2 cases ; so that the proportion was out of every 38·5 cases of rheumatism, 1 case of affection of the pericardium, and out of 77 cases of rheumatism 1 case of affection of pericardium and cardiac valves. It is worthy of remark that in many cases where the pericardium was inflamed, the left pleura was also involved, and copious exudation occurred in the pleural cavity.

In one case the rheumatism occurred upon erysipelas of the face, in 3 upon catarrh of the respiratory organs, in 8 upon catarrh of the digestive organs, and in 2 cases upon cynanche tonsillaris.

On the other hand, in 7 cases catarrh of the organs of res-

piration, in 12 cases diarrhoea, and in 4 cases sore throat occurred upon the rheumatism.

The following table shows the relative frequency of the different fevers in every month of the year.

| Received.      | Acute. | Subacute. | Chronic. | Total. | Of these were |           |
|----------------|--------|-----------|----------|--------|---------------|-----------|
|                |        |           |          |        | Articular.    | Muscular. |
| January .....  | 10     | 2         | 1        | 13     | 12            | 1         |
| February ....  | 15     | 2         | 1        | 18     | 14            | 4         |
| March .....    | 7      | 2         | 0        | 9      | 7             | 2         |
| April .....    | 9      | 8         | 0        | 12     | 10            | 2         |
| May .....      | 12     | 1         | 1        | 14     | 10            | 4         |
| June .....     | 9      | 2         | 2        | 13     | 10            | 3         |
| July .....     | 10     | 2         | 1        | 13     | 9             | 4         |
| August .....   | 13     | 2         | 1        | 16     | 10            | 6         |
| September .... | 10     | 2         | 0        | 12     | 5             | 7         |
| October .....  | 10     | 1         | 1        | 12     | 7             | 5         |
| November ....  | 8      | 2         | 1        | 11     | 7             | 4         |
| December ....  | 11     | 0         | 0        | 11     | 6             | 4         |
| Total..        | 124    | 21        | 9        | 154    | 107           | 47        |

Thus in February the largest number was received, in March the smallest. The acute form occurred most frequently in February, the subacute in April. Again, February gave most cases of articular rheumatism, whilst in September the number of muscular rheumatisms exceeded the others.

Rheumatism was in the proportion of 19.5 per cent. to the total number of cases received. The acute was to the subacute as  $124 : 21 = 6.9\%$ , the chronic as  $124 : 9 = 7.2\%$ , and the articular to the muscular as  $104 : 9 = 48.3\%$ .

The reason of the great preponderance of this form of disease may be partly owing to the occupation of the patients, and partly to the circumstance that they pay so little attention to their health. The greater number of cases admitted belonged to the class of domestic servants. The multifarious character of their employment is well known. If on the one hand their occupations expose them to great changes of temperature, on the other hand their carelessness about their health contributes greatly to increase the morbid causes. Every one must have remarked how servant girls are exposed in cold and in warm weather to the fire, whereby their skin is brought into a state

of perspiration, in which state their occupation, or just as often their carelessness, leads them to sudden changes of temperature without sufficiently cooling themselves. And then they will often stand, lightly clad, at open doors or even in draughty courtyards chattering for hours together with their friends or fellow servants. Another thing that contributes to their catching cold is their constant going about on stone floors with thin shoes and slippers in cold draughty rooms.

The following medicines were used. *Acid. benzoic.*, *Aconite*, *Arnica*, *Aurum mur.*, *Bryonia*, *Cocculus*, *Colchicum*, *Colocynth*, *Cupr. met.*, *Ledum*, *Mezereum*, *Nux vom.*, *Rhododendron*, *Rhus*, *Silicea*, and *Sulphur*.

*Acid. benzoicum* was given experimentally in those cases of acute articular rheumatism, where there were considerable redness, swelling, and painfulness of the affected parts.

*Aconite* was employed in the commencement of febrile affections of the joints.

*Arnica* when the rheumatism affected the scalp, with symptoms of cerebral irritation.

*Aurum mur.* was given when the affection was more chronic than acute, the joints immoderately swelled but without much redness. The pain was felt deep in the bone, was dull shooting and intermitting.

*Bryonia* was indicated both in muscular and articular rheumatism in the commencement of the disease, when the affected parts were swollen and red, and the pain was continuous, sharp and shooting, and increased by touch or motion.

*Cocculus* in cases of numbness, diminished sensibility, or formication of the affected parts.

*Colchicum* was employed in non-febrile articular rheumatism, generally after *bry.*, when the affected joints shewed no more inflammatory swelling or redness, and the pain was less sharp but persistent.

*Colocynth* particularly in affections of the sciatic nerve.

*Cuprum met.* when the pains were of a spasmodic character.

*Ledum* in cases of chronic articular rheumatism with dull shooting pains in the joints.

*Mezereum* also in chronic articular rheumatism with drawing tearing pains.

*Nux vomica* in acute muscular rheumatism with erratic pains.

*Rhododendron* in rheumatic toothache when the intense shooting tearing pain was semilateral, proceeding from one or both rows of teeth, and extending over the jaw, temples and ear.

*Rhus* in acute muscular rheumatism with the characteristic symptom "as if the flesh were torn from the bones."

*Silicea* when the periosteum is also affected, great swelling of the affected parts, with remitting, violent lancinating pains in them.

*Sulphur* always in non-febrile muscular rheumatism, especially when after the use of *bryonia* there seems to be a pause in the improvement.

The following table of the treatment will shew the manifold nature of the symptoms provoked by this form of disease. When the dilution is not indicated, the medicines were given in the 20th decimal dilution.

There were treated with

|                     |               |               |                |        |      |          |
|---------------------|---------------|---------------|----------------|--------|------|----------|
| <i>Aconite</i>      | ....          | ....          | ....           | ....   | .... | 2 cases. |
| „                   | Acid. benz.,  | Bry.,         | Spig. and      | Colch. | 2    | „        |
| „                   | and Bry.      | ....          | ....           | ....   | 1    | case.    |
| „                   | „             | and Colch.    | ....           | ....   | 1    | „        |
| „                   | „             | Sul. and Led. | ....           | ....   | 1    | „        |
| <i>Belladonna</i> , | Bry.,         | and Phos. ac. | ....           | ....   | 1    | „        |
| „                   | „             | and Coloc.    | ....           | ....   | 1    | „        |
| „                   | „             | and Ign.      | ....           | ....   | 1    | „        |
| <i>Bryonia</i>      | ....          | ....          | ....           | ....   | 58   | cases.   |
| „                   | and Benz. ac. | ....          | ....           | ....   | 1    | case.    |
| „                   | „             | Ars.          | ....           | ....   | 1    | „        |
| „                   | „             | Bell....      | ....           | ....   | 2    | cases.   |
| „                   | „             | Bell. 100     | ....           | ....   | 4    | cases.   |
| „                   | „             | and Sulph     | ....           | ....   | 1    | case.    |
| „                   | „             | Spig.         | ....           | ....   | 1    | „        |
| „                   | „             | Coco ....     | ....           | ....   | 1    | „        |
| „                   | „             | Colch.        | ....           | ....   | 10   | cases.   |
| „                   | „             | „             | Silic and Led. | ....   | 1    | case.    |



|  |      |      |           |
|--|------|------|-----------|
| <i>Bryonia</i> , Coloc. and Sulph.                     | .... | .... | 1 case.   |
| „ „ Merc. sol.   | .... | .... | 1 „       |
| „ „ „ Led. and Clem.                                   | .... | .... | 1 „       |
| „ „ Nux. v.  | .... | .... | 1 „       |
| „ „ Phos. and Bell.                                    | .... | .... | 1 „       |
| „ „ Puls.  | .... | .... | 1 „       |
| „ „ Rhus.  | .... | .... | 1 „       |
| „ „ Sil.   | .... | .... | 2 cases.  |
| „ „ „ and Aur. m.                                      | .... | .... | 1 case.   |
| „ „ Sulph.   | .... | .... | 4 cases.  |
| „ „ Sulph. 100   | .... | .... | 3 „       |
| „ „ „ Arnic. and Merc. sol.                            | .... | .... | 1 case.   |
| <i>Bryonia</i> 100                                     | .... | .... | 15 cases. |
| „ „ and Colch.   | .... | .... | 1 case.   |
| „ „ Colch. and Ledum.                                  | .... | .... | 1 „       |
| „ „ and Ipec.  | .... | .... | 1 „       |
| „ „ „ Rhod.  | .... | .... | 1 „       |
| „ „ Rhus., Silic., and Am. mur..                       | .... | .... | 1 „       |
| <i>Clematis</i> , Acon., Silic., Mez., Staph., Aur. m. |      |      |           |
| and Fluor. ac. 30                                      | .... | .... | 1 „       |
| <i>Cocculus</i> , Puls and Bell. 100                   | .... | .... | 4 cases.  |
| <i>Colchicum</i> .                                     | .... | .... | 2 „       |
| <i>Colocynthis</i> , Bry., Bel., and Led....           | .... | .... | 1 case.   |
| <i>Ipecacuanha</i> and Bry.                            | .... | .... | 1 „       |
| „ „ „ and Led.   | .... | .... | 1 „       |
| „ „ „ Nux. v. and Bell....                             | .... | .... | 1 „       |
| „ Bry 100, Sulph. 100, and                             |      |      |           |
| Cupr. m.   | .... | .... | 1 „       |
| <i>Nux vomica</i>                                      | .... | .... | 4 cases.  |
| „ Cupr. m., Chin. and Cocc.                            | .... | .... | 1 case.   |
| „ Bell. and Ipec.                                      | .... | .... | 1 „       |
| <i>Silicea</i>   | .... | .... | 3 cases.  |
| <i>Sulphur</i>   | .... | .... | 2 „       |
| <i>Sulphur</i> 100                                     | .... | .... | 3 „       |

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Total..... 154 cases.

## INTERESTING CASES.

1. Caroline H., æt. 17, was admitted the 16th October. Catamenia regular for a year and a-half; has always enjoyed excellent health. On the 10th October she felt a squeezing pain in the left groin without apparent cause. After two days a swelling about the size of a bean appeared there, and daily increased in size. As its size increased the pain also increased to such an extent that, unable to follow her occupation as domestic servant, she applied for admission to the hospital on the day indicated.

She was developed in accordance with her age, stout and of middle height. There was no increase of temperature anywhere, and all the organs of her thorax and abdomen were healthy; the pulse was normal. Sleep and appetite were alone deranged. In the left groin the glands were swollen into a scarcely moveable but very painful lump the size of a hen's egg; the skin covering this swelling was tense, red and shining. When she lay with her thigh flexed the pain was somewhat lessened, but when she extended the thigh the pain increased and extended to the inner aspect of the thigh and backwards to the great trochanter. There was no question of a syphilitic origin of this glandular inflammation.

*Clematis erecta* was given for these symptoms.

As the swelling and painfulness of the tumour subsided, there occurred on the 19th October a considerable degree of vascular excitement; but a physical examination of chest and abdomen showed no affection of the organs in those cavities. Therefore *clematis* was discontinued and *aconite* given.

Whilst taking the *aconite*, from the 19th to the 29th October, the febrile symptoms gradually declined, the glandular swelling almost completely disappeared; but a violent shooting pain set in, beginning at the outside of the left hip-joint, extending along the course of the sciatic nerve and ending in the knee-joint. Pressure on the nerve increased the pain but little. By the 30th October the pain was quite gone from the hip-joint and thigh, but instead there was developed a penetrating, shooting, remitting pain felt deep in the knee-joint, with rapid swelling,

redness, and heat of the joint. *Aconite* was replaced by *silicea*.

Until the 10th November the condition of the knee-joint was unaltered. It was impossible for the patient to move it without aggravating the pain to the greatest degree. The patient could only obtain a little sleep during a remission of the pain, when the leg was flexed on the thigh. She generally woke up with a fresh access of pain. The glandular swelling was quite gone. *Mezereum* 100 was given.

After taking this medicine two days, the attacks of pain became more rare, less severe, and lasted a shorter time. The pain was intermittent until the 21st, that is to say, the patient was for hours without any pain, unless she attempted to extend the leg. This was the effect of the *mezereum*. Nothing further was gained by waiting till the 28th, therefore the choice now fell on *staphisagria*.

This medicine produced no effect in the morbid process. The pain and swelling of the knee-joint remained as they were, but an oedematous swelling was developed on the dorsum of the foot and round the ankle, which, spreading upwards, gradually reached the knee. On this account, on the 16th December, *aurum muriaticum* was given. By its use a diminution of the pain, complete disappearance of the cedema and lessening of the swelling of the knee-joint were effected, and, in addition, the leg could be extended without causing pain. But as the efficacy of this medicine seemed to subside and the improvement did not advance, Dr. Wurmb gave on the 9th January, 1862, by way of experiment, *acid. fluoricum* 30., without any result up to the 28th of the month. *Mezereum* was next given, under the use of which all the morbid symptoms disappeared, and the patient was soon able to walk through the wards without assistance.

2. Delia S., aged 36, was admitted 31st December. She had never had any serious illness, but on the 27th, without any apparent cause, she felt unwell and much excited, so that she could not sleep that night. The next morning the catamenia came on at the normal time. After that the excitement somewhat subsided, but the nausea continued in the same degree. With

it was associated slight wandering pains over the whole body, confused head, vertigo, and increase of the nausea almost to vomiting on raising the body, complete anorexia and prostration. Bowels and urine normal.

The patient was middle sized, thin and well made; she felt hot, the face was red, the eyes sparkling, the tongue dry and lined with a thick greyish-yellow fur; the breathing accelerated, gasping, the pulse 112. Physical examination showed nothing wrong in the thoracic or abdominal organs. The subjective symptoms were those described.

On account of the presence of the catamenia, no medicine was given. After its cessation, as there was no alteration in the patient's symptoms, she got on the 1st January, 1862, *aconite*.

By the 4th January the wandering uncertain pains in the whole body had localized themselves on the two ankle-joints and the right wrist; they became violently shooting, were aggravated by any movement, and were combined with considerable swelling of the afflicted joints.

*Acid. benzoicum* 30 was given. This medicine was continued till the 13th, and had no effect beyond producing such perspiration that the external surface of the double bed-covering appeared as if soaked in water, quite wet through and steaming. During this time the rheumatic affection involved both knees, the elbows, shoulders, and left wrist, so that the patient was unable to move in the slightest degree. On the day named the vascular excitation became increased, and there occurred shooting pains in the cardiac region, which spread outwards and backwards over the whole of the left side of the chest, and there were restlessness, anxiety, and oppression of the chest. *Bryonia* was given.

These symptoms lasted next day, and auscultation revealed pericardial friction sound, and a similar friction sound in both pleura, from the lower edge of the scapula downwards.

On the 17th January the exudation in the pericardium had become so great as to enlarge the sac, so that it extended from the scrobiculus cordis half a plessimeter's breadth from the right heading of the sternum in an oblique direction inwards and

upwards across the sternum to the lower edge of the second rib, about 6'' beyond the left edge of the sternum. Above the percussion sound began to be dull on the second rib, and on the third rib it was empty. The external side limits could not be accurately ascertained, as the exudation in the left pleural cavity extended the empty percussion sound to the fifth rib on the posterior wall of the thorax. The heart's sounds could be only imperfectly heard. The patient complained of great fear of suffocation and of immense weight in the region of the heart.

Whilst this process was going forward and under the use of *spigelia*, the rheumatic symptoms in the joints became diminished, the chest symptoms gradually declined, and the exudation in both pericardium and pleura became absorbed. What lasted longest was the pain and uselessness of the wrist and shoulder, which, however, were completely removed by Colchicum, so that the patient left the hospital cured on the 22nd of February.

|  |      |      |      |      |     |
|--|------|------|------|------|-----|
| <i>e. Typhus.</i> The cases of typhus admitted during the year amounted to | .... | .... | .... | .... | 105 |
| Remaining from 1860  | .... | .... | .... | .... | 1   |
| Total ....   |      |      |      |      | 106 |

|                     |      |     |
|---------------------|------|-----|
| Of these were cured | .... | 96  |
| died                | .... | 6   |
| remained            | .... | 4   |
|                     |      | 106 |

The ages of the patients were :

|                     |      |      |          |
|---------------------|------|------|----------|
| From 12 to 15 years | .... | .... | 2 cases. |
| 15 „ 20 „           | .... | .... | 33 „     |
| 20 „ 25 „           | .... | .... | 42 „     |
| 25 „ 30 „           | .... | .... | 14 „     |
| 30 „ 35 „           | .... | .... | 3 „      |
| 35 „ 40 „           | .... | .... | 4 „      |
| 40 „ 45 „           | .... | .... | 4 „      |
| 45 „ 50 „           | .... | .... | 2 „      |
| above 50 „          | .... | .... | 1 case.  |

Of these

98 were domestic servants.

7 mechanical and other labourers.

On comparing the admission of cases of typhus with those affected with catarrh of the digestive organs in the different months, we find an almost opposite rising and falling of the numbers. This was much marked from April to October. Whilst in March the typhus cases attained the extraordinary number of 23, and there were admitted in May 21, in July 13, and October 9 cases; of catarrhs of the digestive organs there were in April 3, in May 13, in July 3, and in October none. On the other hand there were of typhus cases in June 7, in August 4, and in September 6; whereas of catarrh of the digestive organs there were admitted in June 19, in August 16, and in September 99 cases.

The sum of the period of treatment of these typhus cases amounted to 2713 days, giving an average of 25.4 days per case.

The mortality was very small; of 106 cases of typhus only 6 died, which gives a mortality of 5.2%. The ages of the fatal cases were 17, 18, 22, 23, 33 and 34. Death occurred in two cases on the 11th, in one on the 14th, 15th, 17th and 20th day of admission, or on the 15th, 16th, 19th, 20th, 21st and 22nd of the disease. As regards the months when the deaths took place: two occurred in June, two in July, one in October, and one in November.

The deaths were to the admissions as follows:

|                 |    |      |          |     |   |       |
|-----------------|----|------|----------|-----|---|-------|
| In January .... | 7  | were | admitted | and | 0 | died. |
| February ....   | 3  | „    | „        | 0   | „ |       |
| March .....     | 1  | „    | „        | 0   | „ |       |
| April .....     | 23 | „    | „        | 0   | „ |       |
| May .....       | 21 | „    | „        | 0   | „ |       |
| June .....      | 7  | „    | „        | 2   | „ |       |
| July .....      | 13 | „    | „        | 2   | „ |       |
| August ....     | 4  | „    | „        | 0   | „ |       |
| September .     | 6  | „    | „        | 0   | „ |       |
| October ....    | 10 | „    | „        | 1   | „ |       |
| November. .     | 9  | „    | „        | 1   | „ |       |
| December. .     | 1  | „    | „        | 0   | „ |       |

The exanthema, in the majority of instances the papular kind, occurred in 31 cases.

Bedsore were sometimes very extensive, sometimes limited to slight excoriations of the skin.

The medicines given were: Acid. phos., Acon., Ant. cr., Apis mel., Arnica., Arsen., Atrop., Aur. m., Bellad., Bryon., Calc. carb., Canth., Carb. v., Caust., China, Cocc., Colch., Euphras., Helleb., Hepar s., Ignat., Ipec., Kali carb., Kali hydriod., Kreos., Merc. sol., Opium, Phos., Puls., Rhod., Rhus, Silic., Stram., Sulph., Tart. em., and Verat.

*Acid. phos.* was generally given in the commencement of the disease, when the typhoid form of the disease was present.

*Aconite* at the very commencement of the febrile attack, before the typhous character was observable.

*Apis mellifica* in great congestion towards the head, and when there was moderate delirium.

*Arnica* in advanced stages of the disease when there was a disposition to torpor with great mental depression.

*Arsenicum* in more intense degrees of the disease, with rapid sinking of the strength, great dryness of tongue and skin, copious exhausting and especially sanguineous evacuations.

*Atropin* in the advanced disease, when the cerebral symptoms were predominant, and especially when the patient complained of semilateral remitting headache.

*Aurum mur.* in those cases where during convalescence a constant painless cedematous swelling of the lower extremities was present.

*Belladonna* 100, a few times at the commencement of the disease when the chief symptom was a congestive headache; also in the convalescence of a typhous patient, when a persistent cedematous swelling of the right lower limb would not yield to *aurum mur.*

*Bryonia* in the commencement of the disease, when the gastric symptoms and acute shooting pains in different parts of the body are most prominent.

*Calcareo carb.* in those cases of typhus where a tendency to tubercular deposit shewed itself during the convalescence.

*Cantharis* where the patient complains of considerable pain when urinating, or of stoppage of the urine.

*Carbo veg.* in the most intense degrees of the disease, with rapid sinking of strength, withered bluish coloured skin, and in those cases where the bed-sore took on the form of sphacelus.

*Causticum* in cases where paralysis of one or more parts of the body occurred.

*China* was given either in the course of the convalescence, when, as was sometimes the case, this was attended by an unconquerable bilious vomiting, or it was given in the after treatment to support the strength in those cases where a long continued exhausting typhous process had occasioned marasmus.

*Cocculus* in the case where the chief symptoms were extreme vertigo and indescribable diminution of the sensation, so that the patient could not feel his upper extremities.

*Colchicum* in those cases of obstinate rheumatism which often occur during the convalescence from typhus.

*Euphrasia* in one case where there was catarrhal ophthalmia.

*Helleborus niger* in one case of considerable cerebral depression after *opium*.

*Hepar sulph.* 3 in catarrhal affections of the larynx, with considerable roughness of voice.

*Ignatia* in the convalescence where there was hemicrania.

*Ipecacuanha* in the commencement of the disease, with predominant vomiting and copious, painless watery diarrhœa.

*Kali carb.* in commencing tuberculosis of the lungs.

*Kali hydriod.* in one case of laryngotyphus.

*Kreosote* in obstinate vomiting during convalescence.

*Mercurius solubilis* in cynanches, boils, and metastases to the parotid glands.

*Opium*, in high degree of typhus with much sopor. The patients could not be awakened out of their soporous state.

*Phosphorus* in typhus complicated with bronchitis or pneumonia.

*Pulsatilla*, generally in the commencement of the disease, with suspended catamenia and gastric symptoms.



*Rhododendron*, in the convalescence when there was rheumatic toothache.

*Rhus*, at the commencement of the disease with predominant erethism.

*Silicea*, in one case where during the convalescence perioritis of the sacrum occurred.

*Stramonium*, generally at the height of the disease, when there was furious delirium.

*Sulphur*, in order to absorb the effused fluid in the pleura after pleuritis.

*Tartarus emeticus*, in those cases where the moist rattle is audible at a distance, shewing a serous infiltration of the lungs.

*Veratrum album*, at the height of the disease, when there was cold frontal sweat, cool, pale, moist skin, and death-like features.

Subjoined is a tabular record of the various treatment of each case of typhus. It shews clearly how few cases there are where the symptoms during the course of the disease are alike.

There were treated with :

|                    |            |           |                         |      |           |
|--------------------|------------|-----------|-------------------------|------|-----------|
| <i>Acid. phos.</i> | ....       | ....      | ....                    | .... | 17 cases. |
| „                  | and Arsen. | ....      | ....                    | .... | 7 „       |
| „                  | „          | and Chin. | ....                    | .... | 2 „       |
| „                  | „          | „ Ign.    | ...                     | .... | 1 case.   |
| „                  | „          | „ Nux. v. | ....                    | .... | 1 „       |
| „                  | „          | „ Opium   | ....                    | .... | 1 „       |
| „                  | „          | „ Phos.   | ....                    | .... | 3 cases.  |
| „                  | „          | „ „       | Kali, Bry.              |      |           |
|                    |            |           | and Chin.               |      | 1 case.   |
| „                  | „          | „         | Stram., Atrop. and      |      |           |
|                    |            |           | Ver.                    | 1    | „         |
| „                  | „          | „         | Tart. em.               |      |           |
|                    |            |           | Sulph., Sil., and Chin. | 1    | „         |
| „                  | „          | „         | and Bell. 100.          | .... | 1 „       |
| „                  | „          | „         | Phos. and Kal.          |      |           |
|                    |            |           | hyd.                    | 1    | „         |
| „                  | „          | „         | and Bry.                | .... | 1 „       |
| „                  | „          | „         | and Sulph.              | .... | 1 „       |

|   |          |
|---|----------|
| <i>Acid. phos.</i> , Arsen. and Phos. ....                              | 1 case.  |
| „ „ and Rhus. ....  | 1 „      |
| „ „ „ Ars. and Stram. ....  | 1 „      |
| „ „ „ and Merc. sol. ....   | 1 „      |
| <i>Acid. phos.</i> , Arsen., Rhus, Mero. sol., and Bell. ....           | 1 „      |
| „ „ Stram., Apis, Bell. 100, and Ver. ....                              | 1 „      |
| <i>Aconite</i> , and <i>Acid. phos.</i> ....                            | 8 cases. |
| „ „ and Ars. ....   | 1 case.  |
| „ „ „ and Phos. ..  | 1 „      |
| „ „ „ Puls., Bell. 100, and Rhod. ....                                  | 1 „      |
| „ „ „ Stram. and Chin. ....   | 1 „      |
| „ „ „ and Aur. m. ....  | 1 „      |
| „ „ „ and Coco.....   | 1 „      |
| „ „ Rhus and Ars. ....  | 1 „      |
| „ and Bry. ....   | 1 „      |
| „ Hepar and Ac. phos. ....  | 1 „      |
| „ Ipec., Bell. 100, Stram. and Apis. ....                               | 1 „      |
| „ and Rhus. ....  | 5 cases. |
| „ „ and Ars. ....   | 2 „      |
| „ „ Colch., Sul., Caus., Ant. cr., and Calo. ....                       | 1 case.  |
| „ „ and Carbo v. ....   | 1 „      |
| <i>Arsenicum</i> ....   | 1 „      |
| <i>Belladonna</i> , Ac. phos., Ars., Carb. v., and Stram. ....          | 1 „      |
| „ Opium, Hell., and Arn. ....   | 1 „      |
| <i>Bryonia</i> and Ac. phos. ....                                       | 1 „      |
| „ Ars. and Nux. v. ....   | 1 „      |
| „ Ipec., Ac. phos., Ars., Stram., Kreos. China, Euphras. and Puls. .... | 1 „      |
| <i>Cocculus</i> ....  | 1 „      |
| <i>Ipecacuanha</i> and Ac. phos. ....                                   | 1 „      |
| „ „ Ars. and Phos. ....   | 1 „      |
| „ „ Rhus, Ars., and Carb. v. ....                                       | 1 „      |

|  |      |      |     |        |
|--|------|------|-----|--------|
| <i>Ipecacuanha</i> , Bell. 100, and Ars.                             | .... | .... | 1   | „      |
| <i>Pulsatilla</i> and Ac. phos.                                      | .... | .... | 1   | „      |
| „ „ and Ars.   | .... | .... | 1   | „      |
| <i>Pulsatilla</i> , Ac. phos., Ars., Bell. 100, Cocc.,<br>and Atrop. |      |      | 1   | „      |
| „ „ „ and Carb. v.   | .... |      | 1   | „      |
| „ „ „ „ Phos.  | .... |      | 1   | „      |
| <i>Rhus</i> ....   | .... | .... | 4   | cases. |
| „ and Ars.   | .... | .... | 4   | „      |
| „ „ Puls.  | .... | .... | 1   | „      |
| „ Canth., Aur. m., and Bell. 1000                                    | .... |      | 1   | „      |
| „ Phos., Canth., Merc. sol., and China....                           |      |      | 1   | „      |
| <i>Stramonium</i> and Atrop.   | .... | .... | 1   | „      |
| Total  |      |      | 101 | cases. |

## INTERESTING CASES.

1. Theresa Z., 23 years of age, had always been well with the exception of some acute exanthemata which she had in her childhood. On the 20th October she felt much fatigued, the head confused. The following night her sleep was much disturbed by dreams; the next day she felt much the same, and took nothing but a little soup. In the course of the afternoon she had much vertigo and watery evacuations, which continued till her admission to the hospital.

On the 22nd she was admitted. She was small, proportionably stout, and well made; the skin was burning hot and dry, the tongue clean, moist on the edges, but dry in the middle; the lungs were not affected, the heart's beats were stronger, the heart's sounds clear, the abdomen moderately distended, the spleen somewhat enlarged, the liver normal, the pulse 108. The liquid, painless, watery motions were evacuated three times in 4 hours, and the urinary secretion was normal. She was very much prostrated, had no appetite, was sleepless, felt giddy on raising herself up, and had noises in the ears. *Acid. phos.* was prescribed.

Until the 29th October, the vertigo, the noises in the ears, the meteorism, the swelling of the spleen, the diarrhœic motions,

the faintness increased considerably, the tongue became fissured, and like the teeth covered with brown sordes. *Ars.* was given instead of *ac. phos.*

On the 6th November delirium came on during the night, and increased to that degree by the 8th that *stram.* had to be given.

On the 10th serous infiltration of the lungs set in, which was obvious not only on laying the ear on the chest, but even on coming into the room it betrayed itself by a loud audible rattle. *Ant. tart.* was given.

By the 14th the serous infiltration was gone, the delirium however went on as before, whereupon *Stram.* was again given.

On the 20th the delirium and the chief typhous symptoms were gone, but on the other hand, the patient complained of violent shooting pain in right side of chest, obstructing respiration, for which *bryonia* was prescribed.

On the 21st there was audible on the right side of the chest posteriorly and inferiorly a rubbing sound, which was gone by the 22nd, but at the same part an almost empty percussion sound was perceptible.

On the 23rd the empty percussion sound reached the lower angle of the scapula, and the respiration where the empty percussion sound was heard was bronchial. The violent shooting pain had diminished. It was evident there was effusion into the right pleural sac. *Sulphur* was therefore given.

By the 30th Nov. the exudation was gone but the fluid motions that had ceased for ten days reappeared with meteorism, rapid pulse, great prostration, and loss of appetite which had somewhat returned, in short a relapse of the typhous process which had again to be treated with *arsenicum*.

By the 9th December the typhous symptoms were gone ; but the patient complained on that day of such a shooting pain in the loins and sacrum that she could neither sit upright nor turn herself. *Bryonia* was again given.

By the 12th Dec. these pains had concentrated themselves to a spot on the right superior posterior spinous process of the ilium the size of a fist. Any touch of this swollen and tense part caused the most violent pain. It was obvious that this pain was caused by the periosteum of the posterior superior

spinous process of the ilium being inflamed. Therefore *silicea* was given.

These pains were quite gone by the 17th Dec., and the patient felt well with the exception of great weakness. The medicine was omitted.

On the 23rd Dec. she cried and complained of a shooting pain in the right half of the abdomen which lasted till the 20th. *Bryonia* was also given for this.

From this time the patient who was amaciated to a skeleton recovered slowly with the help of *china*, and on the 10th March she was able to leave the hospital well and strong.

2. *A Case of Typhus with Mental Derangement of unusual long duration, followed by Bulimy.*

Maria B., 19 years old, was admitted on the 12th April.

She was not aware that she had ever before been seriously ill. On the 8th April on going to bed at night she was seized with rigor all over the body, which during the night alternated with transient heat. The following day she could not leave her bed, owing to great weakness and giddiness of head. The feeling of chilliness lasted that and the following day. She only took broth for dinner. A purgative that was given to her caused an irrepressible diarrhoea, although Dover's powder was given for it. Gradually there became added to these symptoms an acute shooting headache, ringing in the ears, and complete sleeplessness. The menstruation which had commenced at 15 and which had been quite regular until March, had appeared but sparingly the beginning of that month, and not at all in April.

*Status.*—The patient was strongly and normally made; the face had a suffering expression; the temperature of the skin was raised, the skin dry; the tongue furred on the borders, clean in the middle, very dry and trembling when protruded; the lungs showed nothing abnormal; the heart's beats were stronger, the heart's sounds clear; the abdomen distended; the spleen moderately swollen and the liver normal. The pulse 108. Subjective symptoms as above. *Acid. phos.* was prescribed.

By the 10th of April the symptoms had attained a great height, the tongue was as dry as leather, cracked, and together

with the gums and lips covered with dried blood ; the distension of the abdomen enormous ; the patient wished always to run away, and displayed so much strength that she could with difficulty be retained in bed ; she shouted, wept, and stormed, thought that some one was going to murder her, and was constantly scolding those about her. Her look was staring, the eyes in constant rolling motion ; the pulse hard and 144 in the minute. The evacuations occurred unnoticed. *Stramonium* was given.

In this state she lay till the 13th June, during which time *apis* and *belladonna* 100 were given. From this day she became quieter, so that on the 10th June the delirium was quite gone. The loose evacuations which had been rarer since the beginning of June gave place on the 8th June to obstinate constipation. The meteorism began to disappear on the 4th June. When the patient recovered her consciousness she complained of insatiable hunger.

On the 18th June, though the pulse was perfectly quiet and her consciousness right, there occurred a remarkable falling away of the features ; the skin of the whole body especially on the forehead was covered with a viscid cold sweat, and the turgor vitalis on it was almost gone ; the patient, while still affected with bulimy, complained of a pressive feeling in the region of the stomach, general chilliness, and extreme prostration. These symptoms together with the canine hunger indicated *veratrum*, which was given.

By evening the temperature was already nearly normal ; the skin had greater elasticity, and the face a better expression.

On the 21st of June not a trace of the above symptoms was present ; the patient felt well, and she could be more easily satisfied than in former days. The convalescence went on rapidly. On the 25th of June she tried to get up, and on the 29th she left the hospital in fact quite well.

### 8. *A Case of Abdominal Typhus, with Secondary Deposit of the Typhous process in the Larynx.*

On the 30th of November Antonia S—, aged 24, was admitted. Never before seriously ill ; she was attacked on the 24th of

November with feelings of illness; febrile symptoms, vertigo, prostration, sleeplessness and anxiety. This condition lingered on without any particular change, until the 28th of November. On this day there occurred loose evacuations, ringing in ears, dulness of hearing, and dryness of mouth. Menstruation was regular, and without any particular symptoms. Its last occurrence, which ceased a week before she fell ill, was distinguished from the former ones in that it lasted but two days, whereas it usually continued for five or six days.

*Status.*—The patient was of middle size, and pretty stout. The temperature was generally increased; the skin dry, the face red; the tongue clear, moist on the borders, dry in the middle; the lungs free; the heart's beats strong; the abdomen moderately distended, pains on slight pressure in the ileo-cæcal region; the spleen extended to nearly the border of the ribs; the liver normal; pulse 112; urinary secretion without difficulty, but scanty. The motions had a diarrhœic appearance. Prescription: *acid. phosphoricum*.

Up to the 10th of December the typhous process followed its usual course, and did not attain any very great height. The lungs were affected with bronchitis. On the day named she complained of a scratching sensation in the larynx, changed on swallowing to a shooting pain. Inspection shewed the soft palate, uvula and tonsils highly reddened; the latter rather swollen. The larynx was very sensitive to pressure; the eyes sparkling, the head hot, and painful in the temples. No stool for two days; voice affected. Prescription—*belladonna*.

On the 14th of December the patient was voiceless. On inspection the redness and swelling of the buccal and faucial cavities noticed on the 10th were found to be gone. On the left side of the soft palate, two to three lines from the uvula there was seen a red elevated spot as large as a lentil, which was hard and painful to the touch. The difficulty of swallowing, and tenderness of the larynx on being touched continued the same. There was constant inclination to cough; the breathing was difficult; on the apices of both lungs the percussion sound was dull, and auscultation showed all over the lungs a rough, whistling respiration except on the dull spots where it was unde-

cided. The expectoration was copious; mucus mingled with many air-bubbles, and adhering to the sides of the vessel.

The typhous process in the abdomen followed its usual course. The evacuations were rare, and no longer diarrhœic. The cerebral symptoms were limited to vertigo, with confusion of head, ringing in the ears, hardness of hearing; rare low muttering during sleep, and diminished power of thinking.

In view of the symptoms of larynx and lungs *phosphorus* was given.

By the 23rd of December the typhous process is already on the decline. The meteorism and swelling of the spleen were obviously gone; the pulse too had fallen to 100. The bronchitis symptoms also—physical examination did not show a complete pneumonia, though the sputa seemed to hint at it. The loss of voice, the difficulty of breathing and talking, the pain on swallowing, and the tenderness of the larynx to external touch still continued in the same degree. The complexion became bluish. The spot described on the soft palate had changed into a typhous-like ulcer.

Carbo veg. was given and continued till the 28th of December without any result; for the difficulty of breathing became so bad, that a surgeon who was watching the case thought there was only hope—and that but a small one—from tracheotomy.

The patient who was pronounced in a hopeless state by most of those around, now got *kali hydriod.* With striking rapidity the voice recovered some tone; as quickly the difficulty of breathing and the tenderness of the larynx disappeared, so that on the 8th of January the patient who could now walk, had a quiet pulse, good appetite, good sleep, and a clear voice, would be consigned to the care of her sister who undertook the further charge of her. On the seat of the ulcer on the right palate remained a depressed cicatrix.

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*Diseases of the Nervous System.*

The first we have to treat of is,

*a. Apoplexy.*—Of this disease but one case was received in the month of July. The subject of it was Marie W—, aged 32, who, previously always in the enjoyment of good health, and always regular in her menstruation, fell unconscious on the 1st of July, when making supper ready. The first remedy applied was ice to the head and a purgative. Consciousness was completely restored after about two hours; but the speech did not return until the following morning, when she was brought to the hospital.

She was a large, strong, and stout person. The temperature all over the body was normal, except on the right arm, where it was lowered. The muscles of the face showed no distortion. The tongue was protruded more towards the left side, and it was with great difficulty that the patient could touch the right commissure of the lips with its point. The sensibility of the right arm was diminished throughout, and the fingers felt as if unconnected with the hand. In the rest of the body there was no diminution of sensibility. The pulse was not altered, and the motions were still loose, owing to the purgatives that had been taken. The patient however complained of vertigo, and constant pressive headache in forehead and temples. No appetite, but considerable thirst. *Cocculus* was prescribed.

All the morbid symptoms disappeared after using this medicine for a week; only the headache continued as severe as before. On giving *belladonna* 100 dec., it had quite gone by the following day, nor did it recur during the next two days the patient was in the hospital. We had an opportunity some time afterwards of questioning the patient, who assured us that the headache did not return.

*b. Cardialgia.* Eleven patients affected with this disease were admitted. It was generally accompanied with derangements of the catamenia and intermitting headache. The attacks occurred either once or oftener daily, or they came only every second or third day. They were generally preceded by yawning,

general depression, and apathy, nausea, sleepiness, great loss of strength, sensitiveness, and slight drawing pains in the gastric region. Soon this sensitiveness increased, and the slight drawing pain rose to intolerable constrictive pain, the patients groaned and sat doubled up, there was frequent eructation of wind, great nausea, and cold sweat on the forehead. This state of things lasted a longer or shorter time, in all such cases repeated vomiting was the most certain sign of commencing remission. It was only rarely that the spasm in the stomach occurred without any marked premonitory symptoms. *Atropia*, *cocculus*, *cuprum metallicum*, and *nux vomica*, were the chief remedies.

c. *Colic*.—There were only two cases of this disease, one flatulent colic, the other menstrual colic. In the first *cocculus*, in the last *chamomilla* was of use.

d. *Epilepsy*.—A girl affected with this disease was benefited by the treatment, and when, after some months, the malady reappeared, she again sought admission. *Ignatia* did most good.

e. *Hemicrania*.—This was by no means an uncommon affection. It was generally observed in delicate, nervous females affected with irregular menstruation. The catamenia came either too soon or too late, were very scanty or profuse; generally the latter. In the majority of cases the pain occurred on the left side of the head, and continued there. It seldom went to the other side. The pain was intense, and generally remitting: the aggravations oftener took place in the evening than at other periods of the day, and they not unfrequently lasted till midnight. The face was at the same time pale and cool, the eye of the affected side more or less photophobic, and full of tears. Most of the patients indicated the protuberance of the parietal bone as the point from which the pain proceeded. In most cases the appetite during the attack went quite away, but returned after its cessation. Some patients alleged that the headache came on and became worst when they had been several hours without food. When we could discover the exciting cause it was possible in some cases to subdue the disease. In the other cases it was often not very easy to relieve the headache.

Ignatia, Cocculus, Apis, Nux, Atropia, and in one case Glonoin were the best remedies.

*f. Hysteria.*—Two subjects affected with this malady came under treatment. In both cases Ignatia effected an amelioration of the disease.

*g. Spinal Irritation.*—Though the name of this disease is rather out of date, and is not always used with propriety, and the appellation, "Hyperæmia of the spinal chord and its membranes" would be more correct, we yet kept to this nomenclature. The other would be just as wrong in some cases as this in others. We shall proceed to enumerate the symptoms with which the disease appeared.

The pain sometimes dull, sometimes of an acute drawing, tearing character, was generally seated in the sacral and lumbar regions, sometimes it extended throughout the whole of the spinal column, whence it spread sometimes into the upper, sometimes into the lower extremities. In two cases there was a feeling of numbness and weight in the latter, but in the third case, which we shall detail below, there was so much hyperæsthesia, that the patient cried out and coughed if merely touched.

The motive power was in all cases more or less affected. This was observed on both sides of the body. In one case there was only difficulty of making water, in the second case the paralysis of the vesical muscles was such that the accumulated urine had to be drawn off artificially. In the third case, in addition to a slight transient weakness of the bladder, there was complete loss of power in the muscles of the rectum. The anus remained wide open, and the lumpy fæces could be seen, and had to be removed mechanically.

The vascular system was not at the same time much involved. It was but rarely that a febrile excitation of the pulse could be discovered.

The stomach displayed more sympathy. The patients had either no appetite, or though they had constant feeling of hunger they were easily satisfied.

Such were the most prominent symptoms. Two cases were rapidly cured. The most efficacious remedies were *bryonia*,

*causticum*, *cocculus*, and *rhus*. The third case which I shall now relate, still remained under treatment at the end of the year. But the patient's health was so much improved, that she was able to resume her duties as kitchen-maid.

Wilhelmina W—, aged 25, was taken into the hospital in March 1861.

Until the occurrence of her catamenia in her 19th year, she had always been well. But from that time she was always indisposed, sometimes it was a catarrhal affection, sometimes menstrual irregularities. The previous year she had had a severe typhus, which had a long convalescence. On the present occasion she had been seized some weeks ago with drawing pains in the back, gradually spreading to the upper and lower extremities. But as when the pains appeared the power of locomotion was affected, and indeed, paralytic symptoms occurred, she could not remain in her situation, and hence she entered our hospital.

She was of middle stature, pretty stout, and of normal figure. The temperature of the skin was not elevated, the pulse 84. The organs of chest and abdomen sound. The spinal column was sensitive throughout its whole extent, and strong pressure on the spinous processes of the spine, caused great increase of pain. On the lumbar and sacral regions this sensitiveness changed into a dull, pressive tensive sensation, which extended in diminishing degree all down the thigh, till it disappeared at the knee-joint. On being touched, the patient said she was more tender on the extremities (most so on the upper) than on any other parts of the body. This increased sensibility however was only felt on slightly touching, or superficially rubbing the skin with the hand; stronger pressure caused burning pain. The motive power of upper and lower extremities was diminished. She could, for instance, raise her arm to her breast but not so far as her head. So also she could only walk when she laid hold of something, but she would have fallen if the support were removed. Her appetite was diminished, the motions sluggish, the urine rarely passed, but then in large quantities at a time; it had a strong ammoniacal smell, and a specific gravity of 1010. Pulse only moderately quick.

*Rhus* was prescribed, but after its use for fourteen days the patient was no better. On the contrary, the hyperæsthesia of the skin was increased. The paralytic symptoms were more developed. *Cocculus* was also given without good effect.

*China* was the medicine that produced the best effect on the hyperæsthesia of the skin. *Causticum* removed the paralytic symptoms so far that the patient could use her limbs sufficiently to resume her domestic duties.

*h. Sciatica.* Three cases were of an acute character and cured by *colocynth*. The fourth case was of a chronic character, in which *colocynth* relieved the pains, but did not remove them entirely, but this *silicea* succeeded in doing. As the sciatica declined numerous asthmatic sufferings came on, caused by extensive emphysema of the lungs, from which the patient had suffered for years, and which kept the patient in the hospital beyond the end of the year.

#### *Diseases of the Eyes.*

*Syndesmitis catarrhalis.* This was observed in one patient. The disease ran a rapid course and got well under *belladonna*.

#### *Diseases of the Respiratory Organs.*

The following cases were admitted :—

*a. Acute Laryngeal catarrh.* The majority of cases lasted without fever from four to eight days. The best results were obtained from *hepar sulph.*, *spongia*, and in one case *drosera*.

*b. Chronic Laryngeal catarrh.* Four cases were admitted. Before being admitted they had lasted from six to ten weeks, and all were accompanied by complete loss of voice. *Carbo veg.*, *spongia*, and *sulphur* were of most use.

*c. Chronic Laryngitis.* Both the cases were in a very advanced stage. This was evident both from the long duration and from the accompanying symptoms of the disease. The patients said that at first, along with slight scraping or contractive feeling in the larynx, they observed an alteration in the voice, which came on generally in the evening, or earlier if they talked much. Respiration was at first not affected, but afterwards, as the disease advanced, they experienced respiratory

difficulties especially on speaking, going up stairs, or walking for a long time. Pressure on the larynx, breathing cold air, or an attempt to speak caused tickling and cough, whereby a tough, slimy, or glassy yellowish expectoration was raised, which was sometimes mixed with streaks of blood.

When admitted into the hospital, the voice was in one case very hoarse, in the other aphonic. One patient complained of an annoying ticking, whilst the other had a burning, cramp-like constrictive pain in the larynx. Pressure on the larynx from without and deep inspiration caused instantaneously a dry hollow cough in shocks, which was sometimes attended by copious expectoration; generally, however, the expectoration was scanty and in small lumps. In other respects they seemed well. There was no tubercular deposit in the lungs. The pulse in both cases was only slightly accelerated. Appetite unimpaired and thirst not increased. One of the patients complained of profuse night sweats. In both cases *carb. veg.* alone sufficed to cure the disease.

*d. Bronchitis.* In all, fourteen cases of this disease were treated. Generally it occurred along with other diseases, as for instance typhus. There was nothing peculiar either in the separate cases or in their course. The remedies used were,—*aconite*, *belladonna*, and *phosphorus*.

*e. Acute pulmonary catarrh.* This disease was one of the most frequent. It occurred in all the months of the year with the exception of May. The largest number occurred in December. There was nothing remarkable in their symptoms or course. *Aconite*, *belladonna*, *nux*, *phosphorus*, and *pulsatilla* were used.

*f. Chronic pulmonary catarrh and emphysema.* Both forms, which were observed in but few patients, were particularly remarkable for their asthmatic symptoms. In one case they were so very marked that the patient seemed in danger of suffocation at each attack. *Phosphorus*, and, when the asthmatic symptoms were present, *arsenicum*, were of great use.

*g. Pleuritic exudation.* All the cases of this disease had the exudation already present when admitted. It generally occurred at the middle period of life. Complication with tr-

bercles in the lungs was twice found, and in both cases death ensued. The other cases recovered. As regards the seat and extent of the exudation, it generally occurred on the left side, and in five cases filled the whole of the pleural cavity. *Sulphur* was the most efficacious remedy. In three cases, which were combined with tubercles in the lungs, *arsen.*, *calc. carb.*, *kali carb.*, and *phosph.* were employed.

*h. Hæmoptysis* was only observed in one case: it was recent, not of great extent, and was removed by *phosph.*

*i. Pleurisy.* Four recent cases were admitted. Two recovered without appreciable exudation; the other two had exudation, one of them to a great extent. All recovered. The remedies used were—*bry.* and *sulph.*; *bry.* at the commencement of the disease, and *sulph.* when the exudation was present.

*k. Pneumonia.* Twelve cases were admitted, four of which occurred in June; next to June the greatest number were admitted in March and April—two in each. The ages of the patients varied from 20 to 50 years. No death occurred.

As regards the seat of the pneumonic infiltration: the right lung was affected in four, the left in five, both lungs in three cases.

The disease commenced, in the upper lobe twice, in the middle lobe once, and in the lower lobe nine times; on the anterior side twice, and on the posterior side ten times.

In four cases it was combined with pleurisy.

As regards the duration of the disease, it varied from six to ten days.

The treatment was limited to giving *aconite*, *bryonia*, *phosphorus*, and *sulphur*.

*Aconite* was always given at the commencement of the disease, especially when there was high fever.

*Bryonia* in inflammation or irritation of the pleura, shown by violent shooting pains on the affected side of the thorax, short painful respiration, &c.

*Phosphorus* when infiltration was evidently present, and

*Sulphur* in order to cause absorption of the exudation.

*l. Pulmonary tubercles.* In two cases this ran an acute,

in the remaining seven a chronic course. Both the acute cases terminated fatally; but the chronic cases improved so much that the patients could leave the hospital.

The ages of the patients ranged from 20 to 30 years.

The treatment was confined to giving *Arsenicum*, *calcareo carb.*, *kali carb.*, and *phosph.*

### *Diseases of the Heart and large Blood Vessels.*

Of this there were admitted :

*a. Carditis.* This disease is often impossible to be diagnosed during life, because it presents a series of symptoms that may be so readily mistaken for some other disease than inflammation of the heart, and because it seldom occurs by itself but in combination with peri- or endo-carditis, or both together. It occurred in a girl aged 30.

Anna Sch., kitchenmaid, was admitted on the 16th June, 1861.

She alleged that she had never had any serious illness. Two days previously, after having washed all the domestic linen, with bare feet in a paved kitchen full of draughts, she felt very ill, and at night she felt shooting pain in the left wrist and afterwards in the left elbow, which prevented her sleeping, but which were gone in the morning. She however felt so poorly that she had but little inclination to get up. When she did get up she was attacked with vertigo to such an extent that she almost fell. This went off after leaning her head for some time against the wall, but it returned accompanied with darkness before the eyes when she tried to go a few steps. At the same time she felt a tightness of the chest, it was as if a weight lay on her breast—the heart beat violently, she was seized with such anxiety that the perspiration stood on her forehead. The hands and feet were icy cold and as heavy as lead. Unable to remain out of bed she lay down again, but she was unable to lie on her back or on either side for long together, as the anxiety and oppression of the chest increased, so that she had to sit up in bed most of the time. The attacks just described recurred frequently, particularly the vertigo, and were associated



with retching and vomiting. In this condition she was brought to the hospital.

She was of middle size, well made, thin, with pale, altered, anxious looking features, cool withered skin, short, difficult respiration and great restlessness. She had great difficulty in speaking, and the effort exhausted her. The urinary secretion was increased, and the motions sluggish. No appetite.

Percussion in front was normal on the right side, on the left the sound commenced to be dull at the third rib, and was so in the whole cardiac region. No abnormal sound was observed posteriorly. Auscultation of the lungs shewed intensified vesicular breathing, that of the heart shewed weak pericardial rubbing sound, increased beat of the heart and a prolonged systolic sound of the aortic valves. The pulse was small, hard, and 124 to the minute. The abdominal organs shewed no change. *Spigelia* was given.

Status on the 17th June. In the morning: the patient had not slept at night, she was much excited, was afraid she should be suffocated, and at one time thought her heart would burst. She could not long retain the same position, and was obliged to sit up in bed frequently. She often was affected with faintness; she became as pale as a corpse, sighed deeply and slowly, her head sank on her chest, and for some minutes she was unconscious. Physical examination gave the same result as yesterday. In the evening: During the day she had felt better, but towards 4 P.M. she became more restless; greater anxiety came on, a pressing sensation in the cardiac region, strong palpitation and nausea—symptoms that became aggravated in the evening and night. The dulness over the heart had somewhat increased towards the right near the sternum. Pulse 120.

On the 18th of June, in the morning: It was evident at the evening visit that the symptoms would be aggravated at night, and such was the case. The anxiety and pressing sensation in the cardiac region attained a great height, the patient was frequently insensible for several minutes. At 10 P.M. she vomited thrice a bilious looking fluid, whereupon great prostration and some sleep ensued. From that time the violence of the symp-

toms abated somewhat, at the same time she became quieter, and slept for minutes at a time with frequent interruptions. Evening: In the course of the day no particular change had ensued. The pulse was 136, and tense.

19th June. Morning: No improvement. The pressing in the cardiac region and the weight in the chest were diminished; the fainting fits too were less frequent than the previous night. The features still displayed great anxiety. Pulse 124. She required still to maintain a sitting position. Evening: Though feeling better, she complained of frequent momentary obscuration of sight and periodical, plainly felt, trembling movement of the heart. The pulse while retaining its rapidity was often intermitting. Features more sunken than usual, forehead covered with cold sweat, lips and nails slightly cyanotic.

20th June. Morning: Cyanosis increased, cold sweat covers the face, hands and feet. Skin less elastic, breathing slower but not more difficult than usual; speech weak, slow, expression dull and features sunken. The pressing in the cardiac region was increased, and the pressure in the breast was so bad that the patient feared she might be pressed to death. Percussion and auscultation of the cardiac region shew a moderate pericardial effusion. The percussion sounds of the lungs normal, loud, coarse rattles are audible. Pulse thready, scarcely to be counted. *Tartar emetic* was prescribed. Evening: Râles in the lungs slighter, the countenance that of a dying person, otherwise no change. Death occurred on the morning of the 21st June. In the last hours the oppression of chest and respiratory difficulties attained a great height.

*Post mortem.* Body middle sized, worn to a skeleton, face, fingers and foot down to the ankles œdematous, dark reddish blue, and on the back and hips large, connected, dark blue death stains. The lungs were infiltrated with a serous fluid that poured forth when they were cut into, otherwise they were normal. In the pericardium were 2 oz. of pale yellow fluid. The part covering the heart was in places opaque and had lost its brilliancy. The muscular substance of the heart was distended over the right ventricle, and on being cut into allowed much blood to escape. The right ventricle and auricle were

filled with thin fluid blood. The muscular substance of the left ventricle was soft, collapsed together, and on being cut open shewed five purulent deposits, from the size of a pea to that of a hazel nut, which were situated mostly at the base and inner wall, and on being cut into a thick pus flowed from them. Near the entrance of the ostium venosum there was an opening the size of a fourpenny bit, 3 lines deep, with torn fringed borders, which belonged to a purulent deposit, which had opened internally. The endocardium throughout was dimmed and puckered. Liver and spleen full of blood, otherwise normal. Kidneys hyperæmic. The other viscera shewed nothing marked. Dura mater in parts adherent to the cranium, and like the other cerebral membranes hyperæmic. At the base of the skull were near 2 drachms of fluid serum. Substance of the brain moderately infiltrated with serum, and in each ventricle was near a drachm of serum.

*b. Insufficiency of the Bicuspid valve.* This occurred in five cases. Two of these were relieved and dismissed, 3 died. In all the cases in which the result was fatal, general dropsical condition was either added or it was already present when the patient was admitted.

*c. Lymphangoitis and Phlebitis.* There is nothing particular to be said about these diseases, of each of which one case was admitted.

#### *Diseases of buccal cavity.*

These were limited to inflammation of the tonsils and gums. As regards the first of these diseases, 30 cases were admitted. They occurred in all months, but were most numerous in February, August and December. The duration of the disease was from 3 to 5 days. *Apis*, *belladonna*, and *merc. sol.* were the medicines used. The inflammation of the gums was always cured by *merc. sol.* in a few days.

#### *Diseases of the digestive organs.*

Acute and chronic catarrh of the stomach were the only diseases in this category. The acute form was the most frequent,

89 cases in all, whereas the chronic was rare, only 2 cases coming under treatment. The acute form had always a rapid course, and its remedies were *phosphoric acid*, *ippecacuanha*, and *rheum*. One of the cases of the chronic form was cured by *china*, the other by *calcareo carb.*

#### *Diseases of the Peritoneum.*

Inflammation was the only disease observed; of the 18 cases treated the inflammation extended all over the abdominal surface in 13, in the remaining 5 it was limited to a part of the membrane. Eleven cases ran their course with, seven without, manifest exudation. The ages of the patients ranged from 18 to 52. The average duration of the disease was from 12 to 13 days. The medicines used were *bryonia* and *sulphur*.

#### *Diseases of the Liver.*

*Icterus.* This was catarrhal in its nature, and all the cases had an acute course. *China* and *nux* were the medicines most frequently used.

#### *Diseases of the Uterus.*

These were menstrual derangements, chlorosis and carcinoma uteri. The menstrual irregularities consisted in the catamenia being either too scanty or too profuse, too short or too long in duration, or total suppression of the flux; amenorrhœa was the form that was most frequent. The medicines used were, according to their indications, *cocculus*, *crocus*, *ferrum met.*, *pulsatilla* and *secale*. Chlorosis generally yielded to *Pulsatilla*; only 2 cases required the administration of *ferrum*, and one *natrum mur.* In cancer of the womb *secale* was of most service; it soon removed the accompanying violent sacral pains and diminished the discharge.

#### *Diseases of the Skin.*

Erysipelas and inflammation of the cellular tissue were the most frequent diseases. The first occurred most frequently in

the face, whereas the last took most commonly the form of whitlow. For the erysipelas, *apis* and *belladonna*; for the cellulitis, *mercur. sol.*; and in rare cases where the periosteum was affected or the pains were very violent and lancinating, *silicea* was employed.

### *Diseases of the Glands.*

In one case of genuine inflammation of the submaxillary glands in a young girl, *clematis* cured quickly. In inflammation of the mammae of a nursing woman, *belladonna* was given with advantage. In parotitis, *belladonna* was first given and afterwards *merc. sol.* when the gland suppurated.

### *Diseases of the Periosteum and Bones.*

The cases were periostitis and tumor albus. In both diseases *silicea* was of great use.

As regards the 2 cases of burns, one was a burn of the skin of the face, of the right side of the neck and of both hands, from the explosion of a chemical fluid, and the other was a scald of the left forearm with boiling water. In both cases a rapid cure was effected by *urtica* internally, and externally in the form of cold compresses.

In the cases of bruises of the soft parts, *arnica* was always given with advantage.

## SYPHILIS, AND THE METHODS OF TREATMENT, INCLUDING SYPHILIDOCLINICAL COMMUNICATIONS FROM THIRTEEN YEARS HOMŒIATRIC PRACTICE.

By DR. H. G. SCHNEIDER, Magdeburg.\*

SINCE the initiative of Professor Richter at Dresden and Professor Bock at Leipsic, an unworthy attack upon homœopathy has arisen from the anatomico-physiological school. Hahnemann and his followers are jeered at and suspected, with that

\* From *Hom. Vierteljahrsch.*, Vol. XII.

unwearied repetition of the old malicious assertion that homœopathy does not rest on scientific grounds, and is a mere "do-nothing system." Nay, Dr. Froriep even goes so far as to include equally educated colleagues in the same category as herbalists and fortune-tellers, and to demand of the so much despised homœopaths that they should recover their position, but he prescribes an impossibility as the condition. "The homœopaths ought to show," (thus Dr. Froriep lays down the law) "that with every one of their so-called remedies they can *always* call forth a condition similar to the disease under treatment whenever they give it in a larger dose to a healthy person." Verily the Dr. seems not to know that he is desiring an impossibility, although he himself sets down as an indispensable requisite to similarity of result in an experiment, "the invariably exact recurrence of the same conditions," and he must be aware that identical objects of *medical* experiments are unattainable. He fancies himself quite just, for he declares "that physicians had no more to prove that the homœopathic system is a frivolous and dangerous phantasy, and that the homœopaths rank not with physicians, but with fortune-tellers and herbalists than *he* (Dr. Froriep) requires to prove that a debtor has not paid him, when the said debtor asserts the contrary!" Any jurist would have told Dr. Froriep what is self-evident to unprejudiced sound common sense, that the libeller has to give in the proof of his libel if he has a mind to obtain impunity on the ground of "exceptio veritatis!" We see how party zeal can blind even clever men!

Then Dr. Froriep, like many before him, objects to homœopaths that they bring forward *belief* when the question is about *knowledge*, and he meets this objection as unfairly as the above libellous plea, inasmuch as he opposes to the homœopathic physicians not, as he was bound to do, allopathic physicians, but great names in natural philosophy, chemistry, anatomy, and physiology, asserting "that the homœopaths had to guarantee satisfaction to the claims of science by exact proofs, just as much as a Faraday, a Berzelius, an Oerstedt, a Wöhler, a Poggendorf, a Müller, a Weber," &c. Most assuredly Dr. Froriep would be in great embarrassment if he was obliged

to produce a single coryphæus of allopathy in the 2000 years of its existence, who, in relation to that school of therapeutics, had guaranteed satisfaction to science by exact proofs, for *its* scientific foundation, and its true curative results! For the correctness of this last remark one citation of the latest date will suffice. "Moleschott still believes in the efficacy of medicines which we have in some cases already thrown overboard, and in other cases merely used in an empirical and routine way. Thus the pillars of therapeutics rock and totter upon what that haughty and apparently imperturbable temple of Æsculapius once rested; and so does the medical creed rock and totter amongst its most eminent priests." (Dr. W. Schleisenger, *Aus meinem Tagebuche*, *Wien. med. Wochenschr.*, No. 44, § 744), and "who can help knowing that the sad state of practical medicine which is so much lamented, and so much abused, arose quite naturally out of the complete breaking up of science and the demolition of all empirical traditions, which had brought to a standstill the immoral quackery of the pathological anatomy, along with the new-fangled mystic dogmatism of 'rational' therapeutics? On the one hand is preached up scepticism against the traditional positions of the bygone schools, on the other is pointed out the irrationality of all the *thinking* and *believing* up to this day. What remains next for the practical physician? Where must he turn to?" (Rudolph Virchow *Arch. f. Pathol. Anat. u. Phys. u. f. Klin. Medic.*, Bd. xiii. H. 1, 56 and 7). The answer to this query is not yet given.

On the other hand, the homœopaths [forgive the word, for they ought properly, as will be proved hereafter, to be called homœiatries] can most justly throw out this reproach against the "physicians" (remember, after this episode, "*lucus a non lucendo*"), viz., that *they* content themselves with *believing*, when the question is about *knowing*. For not one of them *knows* that the small homœopathic doses are inert; each of them necessarily believes it, and not one shows the least inclination to guarantee satisfaction to science. Hahnemann's words, "Macht's getreulich nach"—"Imitate faithfully"—are spoken to deaf ears.

Notwithstanding all this, we have no right to throw a stone at our hostile professional brethren, for we ourselves, before we became followers of it, did no better than they are doing. Rather does duty incite us to take pains to gain the power of inculcating better notions into our antagonists about that which we know as a verity. Bearing this duty in mind, then, I wish in the following pages to communicate and submit to a more correct judgment, not only amongst the friends, but also the enemies of homœopathy, what I have found to be true in the sphere of one definite disease with regard to the scientific foundation of its doctrine and the efficacy of the small homœopathic doses; and shall feel myself sufficiently rewarded for my trouble if it should be my good fortune to bring the so-called homœopathy somewhat more within reach of scientific intelligence, and just to determine some stout opponents to try scientific experiments on the homœopathic method more immediately in primary syphilis.

## FIRST PART.

### SYPHILIS AND ITS TREATMENT.

#### INTRODUCTION.—DISEASE AND CURE.

It makes a great difference whether one considers a disease as a subject of science or as a subject of medicine. As a subject of science a disease is a phenomenal form of anomalous life; as a subject of medicine, on the other hand, it is a physiological experiment instituted respecting an ailment. (A Biermer, *Friedrich's u. Vogel's Med-chir. Monatshefte*, Sept. 1858, § 277). This distinction is, however, by no means recognized. Far from this, people formerly believed, and the latest medical school, the "anatomico-physiological", believes at this day that the knowledge of a disease followed up into its innermost subtlest essence can enable a physician to cure it.\* And yet no one is so foolish as to imagine that it makes any advance towards therapeutics to know whether the inflammation

\* "The possibility of cure is exclusively through, and in pathology."—(Leuboscher, *Handb. d. Med. Klinik*, Vorwort.)



caused and kept up by a thorn in the foot proceeds originally from the nerves, the blood-vessels, or the cells. Why then are any so foolish in the case of other inflammations,\* nay, of all other diseases not determined by tangible causes, whereas certainly no disease exists to which *some* evil or other does not stand in the very same curative relation as the impacted thorn to the inflamed foot? Nor is any one in doubt as to what must be done for the cure of inflammation of the foot arising from a thorn. Nobody applies leeches, puts on poultices, gives anti-phlogistic mixtures, or administers *arnica* or *aconite*, *leaving the thorn in its place*. Why then do this and the like (at least in the homœopathic view of the question) in other diseases, whose cause one cannot exactly lay hold of?

A physiological experiment instituted regarding any exciting cause lasts no longer than the exciting cause is present in the organism, and the organism is susceptible of its influence. To counteract the symptoms of this experiment is not to put an end to the experiment; nor can artificial diminution of the susceptibility of that organ which is specially affected by the exciting cause, do more than protract the evil; nay, it may even increase the danger; because the remaining exciting cause regains its influence with fresh strength as soon as the artificial check to its susceptibility ceases; and because the energy of the part affected becomes thereby more easily exhaustible. Thus the modes of treatment, be they enantiopathic, allopathic, or homœopathic, which are directed to the removal of the disease, consisting of the aggregate of symptoms induced directly or indirectly by the exciting cause, are not, in fact, methods of cure, but merely a hushing up, and nothing leads to the cure but the removal of the exciting cause which is the subject of experiment.

In general we can distinguish between those mechanical or virulent causes of disease generated in the organism, and those which come from without. The endogenous virulent ones, and some of the exogenous class (the miasms) are as yet wholly

\* "The cause of inflammation is always a mechanical or chemical stimulus from without, or from the blood."—(R. Virchow, *Cellularpathol.*)

unknown in essence, and can only be inferred from their poisonous action.

Of the mechanical and the virulent ones introduced from without, the former are for the most part directly accessible to art, the latter only in a very small proportion, whilst of the endogenous mechanical ones only very few, and of the endogenous poisons not one is directly accessible to human skill.

All morbid causes that cannot be removed by the physician evidently fall exclusively under the *vis medicatrix naturæ*, which is nothing more than the power of the exciting cause, (*i. e.* the morbid cause itself) to procure its (own) elimination, as opposed to the struggle of the organism to recover its integrity by the laws of nature. The mechanical exogenous morbid cause becomes, if left to itself, a prevention of the disease which it can produce when it meets with a muscular place of entrance, and through the reaction of the latter its ejection results; it becomes a curative agent when, acting as a stimulus to inflammation, it effects an ejection or encysting; whereas the endogenous almost always induces not only an ineffectual, but pernicious reaction, and in the most fortunate cases can only be removed indirectly by the *vis medicatrix naturæ*, when, for instance, it is the product of a long-standing disease, and nature is enabled to overcome this. Moreover, the exogenous virulent cause of disease becomes a prevention of its own poisoning when it provokes the place of entrance to a reaction which neither wholly nor in part ejects it; not if it gets into the circulation, but behaves exactly like the endogenous virulent morbid agent, only that it can eventually be neutralized by substances chemically employed, and has not the power, as the endogenous has, to induce a self-reproducing morbid process. The endogenous virulent morbid agent becomes, lastly, a preventive of the disease which it would otherwise have occasioned when its creative power attains full efficiency before the completion of the self-reproductive power of the disease; or, in other words, before the disease becomes to the morbid agent a product which produces the latter in turn. It becomes a palliative of the disease which it induces so far as its curative power is in action during the progressive

development of the disease; and lastly, it becomes a creative agent as soon as its curative power attains complete preponderance after the crisis of the disease. The mechanical exogenous morbid agent however can be ejected by the muscular openings, (trachea, œsophagus, or anus) only when it follows its outward action; as for the inflammation which it otherwise provokes, it can only expel *that* at its conclusion even in the most favourable case, and not at all in cases where it is so fixed that it does not admit of being ejected by such means. And the endogenous mechanical morbid agent not being directly accessible to the *vis medicatrix naturæ*, frequently continues to be also untouched by indirect means, because the natural powers of healing cannot overpower the disease.

The exogenous virulent morbid agent by no means invariably excites by its introduction excretive powers against itself; and those which it does excite are, as a rule, not effectual in thoroughly removing it. And having got into the circulation *en masse*, or being continually reinforced by fresh increase from without, it is often unable to attain a curative power, on account of the predominance of its poisonous action.

And, lastly, the endogenous morbid agent is only too often unable to become a preventive of the disease which it excites; as a palliative of the disease which it has generated, it frequently fails to arrest a fatal termination; whilst, as a curative, it effects the purpose only after long and severe suffering, and frequently not at all.

Out of all these necessities, then, there arises a cry for help from suffering Nature to every thinking, compassionate man to be her saviour as far as possible; and how gladly would he everywhere comply with that cry! As a medical man, he removes bones sticking in the throat, and thorns out of the foot, before they excite inflammation; replaces the points of broken ribs that were injuring the lungs; cuts out the cicatrix which gives rise to epilepsy by pressure on the nerve, and seeks to remove other organic anomalies as causes of disease; though, till lately, in general with false remedies. Moreover, he induces vomiting and purging to cause the expulsion of poison that has got into the alimentary canal, sucks the poison out of an

adder's bite, or destroys it in and with the bite of a mad dog, and in and with recently formed chancres. And as the ordained faithful servant of Nature he should leave her, especially when she is struggling in vain against some poisoning of the blood; and yet the physician has, notoriously, hardly done anything in this respect hitherto, except taking pains to neutralize, by chemical medicines, the poisons in the blood derived from plants and minerals, and in the most direct manner to excite by violent means excretive actions, which have had so little good effect that they have gradually quite got out of repute.

It was not so easy here either to find out the only right way, and to discover the medicines which, in that right way, could alone attain the desired end; both lay too near; and he who found them did not even himself recognize them.

The only possibility, *i. e.* of helping nature in this necessity is to turn into a curative power the poison present in the blood, which, partly from its vitiation; partly from our ignorance of its nature, is inaccessible to science; *i. e.* to cause it to excite of itself those excretive powers, as to quantity and quality, which are requisite in order to rid the organism entirely of it; and to this end one single way stands open; viz., to call forth this excretive power scientifically, in order that it may draw out the poison that is circulating in the blood, and determine it to a curative action—to a spontaneous excitement of these excretive powers against itself, just up to the point of sufficiency. And only one medicine is able to lead to this result; viz.—the “simile” (or homoion) of the poison already in the blood as a morbid agent; if it is employed in such an efficient form and in such small doses that it just and only excites the desired excretive effects against itself without taking too much upon itself, and without developing any poisonous action whatever. *Herein lies the value and significance of the curative law discovered by Hahnemann,*

“SIMILIA SIMILIBUS CURENTUR.”

The diagnosis of the disease as an experiment with an exciting cause, however, teaches us not merely the morbid cause as the thing which must needs be ejected from the organism in order to effect a cure, but also as the thing which must at last

be palliatively diminished in the organism and prophylactically kept away from it. Nay, even more than this, it gives a glance at the genesis of the endogenous virulent morbid agents, inasmuch as it leads us back to the so called "remote causes" of the disease, and teaches us to apprehend these as causes which not unfrequently have to be avoided and removed—circumstantial and predisposing causes, not of the disease, but of the internal development of the virus.

According to this, it must appear as if the diagnosis of the disease were, as a phenomenal form of anomalous life, utterly superfluous as to practice; and this appearance would not mislead one, were it not for the fact that the physiological diagnosis of the disease and of the similar medicinal disease, has become useful in practice, to aid the fulfilment of Hahnemann's law of cure.

The mechanical covering of ill-understood morbid symptoms for the administration of the homœopathic remedy (*i. e.* the poison *similar* to the virulent morbid agent which is to be got rid of) may be excused by the physician as lay-work and as a lamentable *pisaller*, but can never satisfy the conscience of the thinking physician. Should the comparison of the effects of a virulent morbid agent with those of a certain medicine lead to a sure judgment on the similarity of the disease to the remedy, one should not be content with the mere appearance, but should rather follow up analytically the symptoms of each noxious action in physiological intelligence up to their origin, up to the evil itself, in order to obtain in reverse order, by synthesis of the symptoms to the definite totality an intelligible picture of the disease to be cured, and an antagonistic picture of medicinal disease really similar to this, out of which the similarity of the remedy to the virulent morbid agent can now be inferred with certainty.

Much more, then, must yet be done, especially for the *Materia Medica Pura*, before the physician will be able on all occasions to satisfy the claims of his conscience.

### SECTION I.—*Syphilis*.

Whilst we would regard syphilis apart from the method of cure, we can only be seeking to know what it is as an object of

treatment (*vide* Introduction), and how nature cures it; inasmuch as the ætiological diagnosis teaches us to know the evil, of which syphilis is the physiological experiment: and the study of the natural cure of syphilis brings us on the way on which alone science may succeed in contributing somewhat towards the cure of syphilis. We ask therefore—

### 1. What is Syphilis?

In reply to this question opinions at present go very wide asunder. Whilst Bärensprung considers syphilis not only as a poisoning of the blood, but as a dyscrasic process, as a disease of the entire constitution (*Annalen des Charite Krankenh. zu Berlin, 7 Jahrg. 2 Heft, s. 174.*), Dr. Joseph Hermann of Vienna, takes pains to exhibit it as a group of symptoms purely local, commencing merely from immediate contamination of the blood with the syphilitic virus (*Die Bhdlg. d. Syph. ohne Mercur, Wien, 1857*).

Midway between both stands R. Virchow, inasmuch as he teaches that the syphilitic virus certainly gets into the circulating fluid, but is soon taken up from thence into the tissues and there retained. In these places then commence irritations, which may end in the removal of the poison, but which for the most part determine rather an increase of the virulent substance and therewith, sooner or later, an extension of the evil: that every localization is thus critical and depuratorial for the fluids, and yet each may also in turn become infectious. (*On the Nature of Constitutional Syphilitic Affections, Berlin, 1859, s. 117*).

According to this there is, besides the symptoms, no such thing as syphilis but something that is quite transient (*Ibid. s. 118*). Virchow there contends for an oft repeated reception of the syphilitic poison into the circulating fluid, but the period of its continuance there is conceived to be so short that it (according to Hermann's idea) has no proper existence but in the local affection, is reproduced and active; and the two ideas only differ so far, that Hermann admits only an external, Virchow on the contrary also an internal transmission of the syphilitic virus from one place to another through the medium of the

circulation. A peculiarity of Virchow's view is, however, that he assigns to the local affections a critical, a depuratory influence over the circulation.

The idea of Bärensprung approaches that of Virchow so far as it establishes a poisoning of the blood through the syphilitic virus, which, though quite transient yet repeats itself.

Virchow does not consider a permanent blood poisoning to be tenable in syphilis, because he thinks such a condition cannot exist without other disturbances of the general health, which, however, are ordinarily wanting even in the severe forms of constitutional syphilis. This ground seems, however, untenable; for, though the syphilitic virus is generally transmitted from the blood into the tissues and from these is excreted, a purification of the blood can be very well maintained by this means, (notwithstanding continued reproduction of the poison there,) to such an extent that an undisturbed state of the general health is possible at the same time. We see the same also with tetters and ulcers of the feet: in such cases the patients feel otherwise in general very well, whilst alteration of these local affections so frequently has the very worst results. I wish to communicate just one out of various remarkable cases of the kind which I myself witnessed.

K., who was a personal friend of mine, 48 years old, the picture of blooming health, suffered above a year from a cracking tetter in the palm of his hand, and ever since found himself better than he had been for a long time before. For all that it was troublesome to him, and, in the winter 1849-50, he called me in. The patient took various homœopathic medicines for it, but without observing a regulated diet, and no alteration of the tetter took place; he was sent to Aix by me, at his own urgent request, to try the baths.

From Aix, too, the patient came back with his tetter, and was then advised to wait for the after effects, four to eight weeks at least, with the remark that, if then further homœopathic treatment should be required, this could only be effectual with suitable diet. Consequently the patient put himself under the care of an allopathic physician in the neighbourhood.

I had warned him at various times against any violent treatment of the tetter, as I had myself experienced how the driving in of such a tetter induced cancer of the pylorus, and subsequently communicated this, my experience, to his physician, who was a friend of mine, who also had already made a similar observation in his practice, and assured me of his willingness to treat the patient with every precaution.

His remedies remained without effect about two years, just as mine had, including two trials of Kreuznach baths (1851-2). Meanwhile he had employed a quack doctress, Mad. Uraffe, and a shepherd of the neighbourhood! In the autumn of 1852, at last the palm of his hand, to his great joy, became soft and clean; but whilst he had all the previous time been quite well, his health, with this cure, came to an end! He lost his fresh youthful appearance, became weak in the nerves, inclined to vertigo and fainting. Then he began to throw up his food, to alter rapidly, with emaciated frame and greyish-yellow complexion. All attempts on the part of various physicians, both here and at Berlin, to restore his health utterly failed. He died late in the autumn, 1852, abroad, where he had at last tried the grape-cure.

A transient poisoning of the blood from the local increase of syphilitic virus is expressly contradicted by the course of syphilis. The acme of local increase of the virus and that of the local affection fall together; but never does a new form of syphilis set in at this period. Very seldom does this happen before, seldom increased after the ordinary form has run its course; much more frequently after apparent health, of longer or shorter duration.

Against the exclusive presence of syphilitic virus in the local affection the following objections are raised:—

1. It has analogy against it. The virus of small-pox, after it has been implanted by inoculation (just like a splinter) and has brought out one suppurating pustule, and has thus become absorbable, is, after a definite time, infectious from that pustule, just as it is infectious immediately in the case of other modes of infection, and immediately excites the variolous fever. The



usual results of this is that many, nay innumerable pustules exactly like the inoculation arise spontaneously, which have a critical importance exactly as the syphilitic local affections have; for, with the completed variolous eruption the fever ceases in favourable cases; *i. e.* if the eruption was able to rid the blood entirely of the virus, and the patient has no more to endure than what the pustules inflict on him as a local affection. The fact that after some inoculations innumerable critical pustules may arise, and at other times only a few are developed, whilst at others, again, a mere variolous fever is the result of inoculation, nay often enough no effect whatever ensues, should surely teach us that infection is not only a communication of poison to the blood, but an impulse to the formation of the infecting poison—the calling forth of a peculiar *process* of blood-poisoning. If too much variolous poison is generated in the blood, or if the critical excretion of it should not succeed, the patient falls a victim to the virus. We see the very same thing in scarlatina, measles, typhus, &c. The infecting atom of poison alone can no more have such results than a homœopathic dose of Arsenic. And all this is repeated, *mutatis mutandis*, in all contagious diseases; is it likely to be otherwise in the case of syphilis alone? \*

Thus we not only may but must receive it as a fact that in syphilis, too, the infection is not merely a communication of poison to the blood from the local affection, but an impulse thereby given to blood-poisoning, or rather to a *process* of blood-poisoning. However, even if it were not so, still it would be contrary to all analogy that an active poison—a poison accessible to the absorbent vessels—should be able to continue local for weeks and months together. Only a poison critically excreted from the blood (small-pox, measles, scarlatina, &c.) is not at once taken up again by it, otherwise it could never escape the dangers of the poisoning; and a poison that becomes passive for want of receptivity may continue local up to the restoration of receptivity, as we see in the notorious instance of syphilis; but, if receptivity be present for a locally deposited

\* One would not appeal to itch. It is not an infectious poison at all, but a parasite.

absorbable poison, it is absorbed whether it be one generated in the organism or out of it; this is proved by the physiological experiments, by the cutaneous application of the medicines, by the bite of mad dogs and serpents, and by all diseases called forth by miasm or contagion; this we see especially in the first and subsequent infections in syphilis, and never has the absorbability of a poison been found to depend upon its quantity, which, however, was necessarily pre-supposed in Virchow's theory.

2. The exclusive presence of the syphilitic virus in the local affections is further contradicted by the duration of syphilis. Every virulent or mechanical stimulus forced into the system from without (splinter, tartar emetic, or variolous poison) provokes inflammation, the result of which is suppuration, which expels the stimulus to inflammation, or makes it resorbable, and with the expulsion or resorption of the stimulus to inflammation, the inflammation itself ceases. Thus the inflammation is in this case the disease, the suppuration is the crisis. The duration of such inflammation is determined by the critical results of the suppuration, which, according to natural laws, always fulfils its object as rapidly as possible. It is only when hindrances to the expulsion of the inflammatory stimulus supervene that the illness is unduly protracted.

The inoculated chancre, when running its regular course, takes for its cure three or four weeks from the day of inoculation. It only attains a longer duration (of months, or even years) when incrustation or bad dressing impedes the discharge of pus and determines ulceration by imbibition. (Sigmond, *Wiener med. Wochenschr.*, 1860, 14). Splinters, Tartar emetic, and variolous virus regularly expel the pus produced by them in a few days. Should an inflammation of such ordinary course continue after its natural period of cessation, this can only be effected by a renewal of the inflammatory stimulus (issues, perpetual blisters, setons). It then never ceases, so long as the renewal of the inflammatory stimulus continues uninterrupted, whilst excitability is present. For a *single local poisoning* such as occurs in the inoculation of secondary syphilitic patients with chancre virus, if we consider the dura-

tion of the primary syphilis for months together would be too long, and a continuous poisoning by the continually renewed secretion would be too short, as well admitting no pauses, would last the whole life. We must therefore admit a renewal of the syphilitic virus in the local affection at determined intervals, and this renewal must be brought about by the blood.

3. The following fact militates against the exclusive presence of the syphilitic virus in the local affection, viz., that an infected person can only be healthy by early utter destruction of the chancre, and not if it be destroyed later (Sigmund). A chancre which is eaten away by caustic, not radically or too late (in the first case) breaks out again, or else (in the second case) heals, but is followed, sooner or later, by secondary syphilis.

If the chancre were the product once for all of the individual syphilitic virus present in it, and no where else, then the radical destruction of that chancre, as long as other local affection is not present, must always end in the cure of the infected person *whenever* that destruction was effected. Thus it is only the recent chancre, as the inoculated small pox, that is the effect of the virus that is present in it alone; whereas, on the contrary, an older one, like the pustules spontaneously developed in the progress of small pox, is the effect of the poison transferred from the blood to the dermal tissues, and one can even from primary syphilis learn the value of what Stoll says of the human small pox produced by inoculation (*Rat. Medend.* § 195). "Est ergo morbus duplex topicus et universalis." The local and the general disease are less clearly defined only in primary syphilis.

Lastly, the positive experimental inoculations afford direct evidence of the presence of the syphilitic virus in the blood. These were instituted by Waller with the blood of persons suffering from secondary syphilis (*S. Wochenblatt der Ztschr. der Gesellsch. der Aerzte zu Wien*, 1857, § 290, &c.). And so does the circumstance that even a syphilitic father may bequeath syphilis as a heritage to his children by the semen (Porter, *Dublin Quarterly Journal*, 1857, May, p. 257).

The fact that a syphilitic father does not necessarily *always* beget syphilitic children—as Virchow (*loc. cit.*, § 117) remarks and supports with an example—proves, not the contrary, but merely that the quantity of syphilitic virus in the blood is not always so great as to communicate itself even to the semen. It has yet the property of gradually diminishing in the wane of a period of infection, so that at last it is either no longer present at all, or merely as a passive trace in any one place in the organism.

So syphilis is, in fact, not a mere local ailment, as the pure *acarus-itch*, but a disease in the proper sense of the word; a dyscrasic process (v. Barendsprung), a temporary spontaneous poisoning of the blood\* (Virchow), an anomaly in the formation of the blood, of which the syphilitic virus is both the cause and the product.

If poison came into the blood only by inoculation, or more correctly speaking, by infection from the chancre into the blood, then it must have been in fatal quantity if the organism continually striving after integrity requires, even in fortunate cases, several weeks to overpower it, for such is the duration of primary syphilis as a rule; and besides this, the syphilis must, like every artificial acute poisoning, begin with the acme, which however is not the case. On the contrary, syphilis has like most other diseases, its stage of increment, acme and decrement (Michaëlis). One peculiarity of syphilis is, however, especially to be noticed; viz., that frequently it passes on to a cure not after the first process, but not till after a modified second or third process, always more tedious in the second and third instance, each of which has its stage of increment, acme, and decrement; and that between these separate processes, relapses, or periods of infection, mostly set in for longer or shorter times of the passive or latent period.

When complete permanent cure follows a disease, we ought to conceive that there is nothing left in the organism which can

\* "Every prolonged dyscrasy" says Virchow, (*loc. cit.* 117) very truly "exhibits a prolonged local disease, or a prolonged accession of noxious matter in the blood," when the latter does not occur definitely in syphilis, the former must be present, even if it be not discovered.

produce the disease afresh. If a relapse sets in, then the mischief (the *causa morbi*) was not yet completely subdued; but just so much of it was left behind as sufficed to give the impulse to a fresh morbid process. This holds good in syphilis too. If a long or short secondary disease follows the primary syphilis, then there remained from the waning morbid process, in some part or other of the organism, and usually in an indurated tumour left after a chancre or bubo, a remnant of the syphilitic virus. For the syphilitic morbid process comes (like every other that has not a fatal termination) to its decline, as soon as the receptivity of the organism for the pernicious action of the *causa morbi* begins to diminish according to the physiological law of the organism getting used to it. In consequence of this, the quantity, and probably also the virulence of the syphilitic virus (the *causa morbi*) diminishes, inasmuch as its reproduction forms part of its noxious action; and its healing efficacy, by virtue of which it induces its excretion out of the sphere of the organism, always comes more and more to a preponderance.

If the above-stated view of the course of syphilis be true, then the dyscrasia continues so long as an infection-period continues, *i. e.* so long as the syphilitic poison infects, or induces continually the specific process of blood poisons; for a period of purification of the blood is, according to that view, only possible when the syphilitic virus is become entirely passive in some part or other of the organism; if it infects again, there commences a *new* period of infection.

If the dyscrasy were ever so fleeting and transient, as Virchow thinks, a very strange piece of ill-luck must happen, if a syphilitic father should ever beget a syphilitic child; and an extraordinary piece of good luck must have attended Waller's inoculating experiments with the blood of a secondary syphilitic patient, that they constantly gave a positive result!

In a latent period of syphilis a new implantation and infection (if one choose thus to distinguish the local and general implantation) may take place with chancre virus, and a new primary syphilis may take its course, which is considered by the sixth case which we shall communicate below. Besides there

exists no ground why this might not happen, as the old syphilitic virus that has locally become passive anywhere is able to hinder neither the commencement of a new chancre by implantation, nor the development of a new primary syphilitic blood-poisoning: whereas in an infection period of syphilis a new implantation with chancre poison (a new chancre), may well result, but not a new infection from this—not a new chancre-syphilis, for two like or similar morbid (blood-poisoning) processes are not possible in the same organism at the same time. The one already present prevents the commencement of the second new one, when the cause of this is not able to suspend, as a stronger similar evil, the cause of the existing one, which then leads to the synchronous cessation of the second.

Whether the dyscrasia is one and the same in all forms of syphilis, or whether the difference of symptoms shows also a difference of the syphilitic poisoning process, and of the syphilitic poison, is a controversial question which decidedly still deserves to be examined somewhat more closely. J. Hermann, indicating what is called "secondary syphilis" as mercurial disease, maintains an essential identity of the syphilitic virus in all forms of syphilis, even including gonorrhœa; and takes pains to explain the variety of forms from the different age of the virus, from the variety of the ground in which it embodies its action, and from the accessories in that ground (*loc. cit.*, § 29—57), whilst Ricord would establish two different chancre viruses; viz., one, a simply contagious virus, which determines a purely local chancre-syphilis in soft chancre; and, second, an infecting virus, which produces secondary syphilis in the hard chancre. Lastly, Laroyenne goes still further, and adds to the hard and soft a third mixed form of chancre (*Annuaire de la syphilis et des maladies de la peau*, par Diday et Rollet. Année, 1858; Paris, 1859, p. 235). He made, for instance, experiments on more than forty cases in the first stage of hard chancre, to transplant it by inoculation to other parts of their bodies, without obtaining a single positive result. He explains the impossibility of infection from the fact of general infection already, and therefore he takes his stand against the abortive treatment of chancre with caustic, when, according to his obser-

vations, the resorption rapidly proceeds. On the other hand, Laroyenne succeeded in the inoculation from an indurated chancre of the urethra, near which there were numerous soft chancres on the rim of the glans; even in one instance after established cure of the soft ones.

It was this circumstance that led him to the conception of a mixed form of chancre, which he sought to establish by experiments, introducing matter from a soft chancre on a hard one. The hitherto resultless inoculation had, after this, a positive result in four published cases; although, after the introduction of virus from the soft chancre to the hard, the local treatment was carried on with Aromatic wine, baths, Lapis infernalis, or with Calomel and Opium (surely this speaks loud enough against the soundness of such treatment!), and the inoculation took place not till four or five days later.

A weighty opposition set in against Ricord's notion of an essential difference between the "chancre dure et moux." Sigmund, Chauffleury, Van Yesselstein, Behrend, Lebert, and others, testify that secondary syphilis may follow soft chancre also. Sigmund and Rey (*Annuaire de la Syphilis*, p. 83) observed hard and soft chancres after inoculation of prostitutes with soft chancre (*Wien. Ztschr.* xi. 11—12), and Böck and Danielsen saw regular soft chancres arise after inoculation from hard ones (*loc. cit.*). Nay, according to Sigmund, it is settled (*Wien. Wochenschr.*, 1859, 25) that, in patients with secondary syphilis, inoculation constantly produces soft chancres only, even if the matter be taken from well defined hard ones. In contradiction to this, and in accordance with the above observation by Laroyenne, Henry Lee asserts (*Lancet*, I. 5; June, 1859) that the indurated chancre in general does not admit of being transmitted by inoculation; that it has the character of an adhesive inflammation, and its secretion exhibits under the microscope, mere broken up epithelium, no pus cells. That objection is, however, to a certain extent removed by Lee's own remark, viz., that artificial irritation produces pus cells in the indurated chancre, and renders it inoculable; and this remark at once destroys the dogma which Laroyenne introduced on the admission of a mixed form of chancre, and

leads to the question whether irritative treatment of the hard chancre, promoting the excretion of virus, might not be adopted with a view to prevent the sequelæ of secondary syphilis?

The only remaining distinction between soft and hard chancre thus seems to be that the hard is ordinarily, the soft only exceptionally, followed by secondary syphilis. This, however, is not the case on the grounds just adduced, because the virus is distinct in each; but, as it seems to me, because the hard chancre does not completely suffice for its critical determination—because it does not excrete the syphilitic virus collected in it in sufficient quantities.\*

The remarks of both Laroyenne and Lee speak clearly for this. and generally the remaining hardness of the base of the chancre avails as evidence that syphilitic virus lies concentrated at that place.

Schneider, *Syphilis*, p. 134; Hermann's *W.S.W.* Hermann's idea of an essential identity of the syphilitic virus in all forms of syphilis, founders on the first rock, viz., on the impossibility of ever producing any thing but a chancre from chancre virus. As to the fact that, reversely, from condylomata, or continuous syphilitic secretion, chancre is never reproduced, but always mere secondary symptoms (Waller, Rinecker, Wallace, Rouley, Richet, Cazanave) that always admits of an explanation by the supposition of the modification of the virus from the ground where it exists.

But how chancre poison transmitted casually, in contradistinction to that transmitted by inoculation, is said to produce sometimes condylomata, sometimes a cutaneous syphilis, sometimes angina, is not intelligible. Besides Hermann's view of the secondary syphilis was already opposed by Alt (*Wochenblatt. der Ztschr. der Gesellsch. der Aerzte zu Wien*, 1857, Nos. 11 and 12); Singer (*Ibid.*, No. 18); Michaelis (Hermann's *Behandlung d. Syph ohne Merc.*, Leip., 1858) whilst Prof. Schneider shewed the insecurity of the electrolyse of Professor Klensky for the discovery of Merc. in the urine, and questioned

\* All that we are permitted to conclude from observation, experiment, and results, indicates a single syphilitic contagion.—(Sigmund, *W. med Wochenschr.* 1859, n. 25, § 401).



the power of Iodine to cause the excretion of Merc. by urine. Quite recently too, has Waller entered the lists against him and Lorinser, shewing, first that the presence of Merc. in the blood does not show that the existing disease is hydrargyriasis; 2nd, that there is truly a secondary syphilis, and 3rd, that this follows the primary, whether treated with or without Merc. in large doses, in very similar forms, only that it follows rather later in the former case, and, in fact, according to his observation:

*a.* Under *non*-mercurial treatment.

1:—As cutaneous syphilis; exanthema maculosum, papulosum, squamosum, condylomatosum. Very soon stomatitis and angina and, rarely, iritis supervened.

2:—As angina ulcerosa and laryngo-syphilis, syphilis of the bones and syphilis of the scrotum, and lastly, lupus (syphilis of the liver, spleen, and kidneys, did not come under Waller's notice).

Infiltration of the glands preceded all other symptoms, accompanied them, and did not fail even with the very last.

*b.* Under mercurial treatment;

1:—As cutaneous syphilis as above. In one case iritis also supervened.

2:—As angina ulcerosa, laryngo-syphilis, tophus and caries; at last lupus. Infiltration of glands as above.

The latent period between the primary and secondary syphilis lasted, as far as could be ascertained,

*a.* Under non mercurial treatment, 4, 6, 8, 12 weeks; under mercurial treatment, 7, 8, 12, 16. But, even apart from all this, the positive inoculatory experiments instituted by Waller (*Prager Vjschr.* v. 29), and repeated by Rinecker and others with the blood of secondary syphilitic patients, suffice to overthrow Hermann's theory. Our discussions therefore lead to the conclusion that—1. The cause and product of the primary syphilitic morbid process is an original, always identical, specific virus, which proceeds to chancres and buboes on the surface, and has no power to produce any other local affections.—2nd, The cause and product of the secondary syphilitic morbid process, on the contrary is, no doubt, the same specific poison, yet no longer the original one; but one modified by its second

generation into a basis which is altered by its first development. It is therefore no longer capable of reproducing the symptoms of *primary* syphilis, but only peculiar exanthemata, condylomata, syphilitic angina, swelling of the lymphatic glands; in short, symptoms of *secondary* syphilis; and we can now, without apprehension of being misunderstood reply to the questions in the previous part of this article by briefly summing up as follows.

Syphilis is an anomaly in the formation of blood, with a tendency to relapse, whose cause and product is a specific virus manifesting itself in characteristic local affections; and when transferred to healthy subjects produces in them the same anomalies in the formation of blood as those from which it proceeded.

*(To be continued.)*

## OBSERVATIONS ON THE PUPIL, AS AFFECTED BY DISEASE AND DRUGS.

By Dr. RICHARD HUGHES.

THE semeiotic value of the state of the pupil has, in cerebral disease especially, been always more or less recognized. Of late, moreover, much additional interest of a pathogenetic kind has gathered round this part of the organism. Its dilatation by the group of drugs of which Belladonna is the representative—hence styled *mydriatics*—and its contraction by Opium, have been made the foundation of many speculations as to the action of these substances, and of more than one application of them as remedies in actual practice. Having in former times taken some part in such speculations and applications, I am induced to discuss the subject in these pages; hoping that from the homœopathic stand-point the speculation may become more sound, and the application more sure.

Let me first sum up what is known of the physiology of the pupil. It is, of course, a circular aperture in the muscular curtain called the iris. The fibres of this latter organ are arranged in two sets: a *circular* set, immediately around the margin of the pupil; and a more external *longitudinal* set,

radiating from the centre to the circumference of the iris. It is obvious that the contraction of the circular fibres will diminish the size of the pupil, while that of the longitudinal fibres will enlarge it. Farther, these two sets of fibres are animated by two distinct nerves, emanating from different divisions of the nervous system. The circular fibres receive a branch of the third cranial nerve, and are therefore under the influence of the cerebro-spinal system; while the longitudinal fibres are supplied by filaments from the cervical ganglia of the sympathetic. In consequence of this double source of nervous energy, the diameter of the pupil is always, under ordinary circumstances, the same. So long as the normal influence of both third and sympathetic nerves is kept up, an equilibrium is maintained. On the other hand, an alteration in the ordinary diameter of the pupil (unless dependent upon disease of the iris) points unerringly to an unusual excitement or depression of one of its regulating nerves. The simplest illustration of this is the contraction of the pupil which follows the application of strong light to the eye. The excitement of the optic nerve thus caused is reflected from the cerebro-spinal centre upon the third nerve, whose thereby exalted energy overcomes the quiet influence of the sympathetic. On the other hand, when the cervical sympathetic is excited by galvanism, the third nerve is overbalanced, and the pupil is dilated. Corresponding results follow when a depressing cause is operating upon either source of nervous supply. If the sympathetic in the neck be divided, the third nerve, acting uncontrolled, contracts the pupil. And if we may assume that in effusion on the brain, the third nerve—like the rest of the intra-cranial mass—is compressed and paralysed, then the dilatation of the pupil, which always accompanies this condition, is an instance of the unbalanced influence of the sympathetic.

The diameter of the pupil, accordingly, is an index to the condition of either the third nerve or the cervical sympathetic; whether this condition be peculiar to those nervous branches, or the result of the state of their centres and sources of energy.

Let us now consider the significance of the state of the pupil in cerebral affections. By ascertaining its condition in well-

marked and well-understood disorders of this organ, we may obtain principles which will guide us when the morbid condition is more obscure.

1. In *acute inflammation* of the brain, there are two well-defined stages; the first of excitement and delirium, the second of oppression and coma. In the former the pupils are always contracted; as the latter supervenes, the pupils become "first oscillating, then widely dilated, and ultimately motionless." (Watson). In this case the diameter of the pupil is evidently dependent upon the condition of the third nerve. While the brain is in a state of tissue-irritation, the energy of this nerve is exalted, the sympathetic overpowered, and the pupils contract; when the brain becomes exhausted and oppressed by effusion, the third nerve gradually loses its power, and the unbalanced sympathetic effects a complete dilatation.

2. Other things being equal, then, a contracted state of the pupils in cerebral affections implies an excited state of the tissue of the brain. This fact must have an important bearing upon the treatment of *apoplexy*. So much stress has been laid of late upon the existence of fatty degeneration of the blood-vessels as a necessary preliminary to cerebral hæmorrhage, and such injury has been demonstrated to have resulted from blood-letting in this disease, that we are in danger of forgetting the element of active congestion so often present in such cases. But the pupil, if its significance be regarded, tells here a plain story; it is nearly always contracted. The old treatment was right in theory, though wrong in its choice of means. Cold to the head and heat to the feet are innocent substitutes for the fatal lancet; but they—as well as our most precious drugs, Aconite, Belladonna, Nux vomica, Opium—assume acute congestion as the enemy to be overcome. On the other hand, a dilated state of the pupils, if met with in a case of apoplexy, would indicate it to be of the serous variety, and would point to pressure on the root of the third nerve by effusion into the ventricles.

3. In *injuries* of the brain the state of the pupil is an indication of much importance. When inflammation results, the usual laws obtain; but in the absence of this pathological

process, very various conditions of the pupils are observed. Sometimes both are contracted, sometimes both dilated; sometimes one is contracted, and the other dilated; sometimes there is an irregularity in the form of the aperture. I have carefully gone through all the cases of injury of the head which I could find, and the results may be summed up as follows:—

A. In *concussion* of the brain the pupils are most frequently contracted. This is very important, as from the general condition of the patient under such circumstances we might be tempted to give stimulants. But the contracted pupil is confirmed in its testimony by the subsequent progress of the case, and by *post-mortem* appearances. If the patient survives the first shock, there is always more or less inflammatory action about the brain; and if he die before consciousness is restored, the cerebral substance is found in a state of intense hyperæmia, and sometimes studded with points of sanguineous extravasation. The condition of the brain in severe concussion is, therefore, one of hyper-excitation rather than of depression. As Mr. Solly puts it—"the particles of nervine, of which the brain consists, are put into a state of vibration." We must accordingly refrain religiously from the use of stimulants in such cases, unless the heart's action seems failing for want of a fillip. Perhaps the effects of Arnica may be sufficiently powerful to supersede such a necessity in any instance.

B. Whenever injury of the head has resulted in depression of bone, or sanguineous extravasation, *compression* of the brain results, and one or both of the pupils is always dilated. The cause here is of course pressure upon the root of the third nerve, by which its functional energy is suspended. It is interesting to observe the difference of the state of the pupils in cerebral hæmorrhage from injury, and in that (which we have noted) of idiopathic apoplexy. In the former there has been no previous excitement of the brain substance, and the pure effects of pressure are seen.

C. The pathological states known as "concussion" and "compression" are often, nay generally, intermingled in cases of injury of the head. Hence the varying state of the pupils so frequently noticed. When, as not uncommonly happens, one

pupil is contracted, and the other dilated, it would appear that the brain on one side is excited by concussion or inflammation, and on the other oppressed by extravasation.

D. *The setting in of steady contraction of pupils previously natural or dilated is a sure sign of the supervention of inflammation*, and forms a most important indication for treatment.

E. Irregularity of the pupil is generally considered a serious symptom in injuries of the head. It probably indicates laceration of the base of the brain, so that some of the fibres of the third nerve are injured, and some irritated.

4. A dilated pupil is always present in amaurosis dependent upon disease of the retina or optic nerve. Here it is of course due to the withdrawal of the reflex stimulus of light, which is an element of the energy by which the third nerve counterbalances the sympathetic. If, as in rare cases happens, the pupil of an amaurotic eye can be made to contract by the influence of strong light, it is a proof that the disease is within the brain; and that the optic nerve can transmit a perception so far as to cause a reflex action, though unable to excite a sensation. Here the action of the pupil is an important aid to diagnosis. Conversely, of course, in retinal photophobia (as from retinitis) the pupil is contracted. I say, "in retinal photophobia," for I very much question whether the most common form of photophobia, viz., that connected with strumous ophthalmia, has anything to do with the retina. I have never seen the pupil abnormally contracted in such cases; nor do I find this symptom noted in works on ophthalmology. The muscle, which is spasmodically contracted here, is the orbicularis palpebrarum, which is animated by the portio dura. There are very extensive central connections between this nerve and the fifth, whose ophthalmic branch communicates sensation to the conjunctiva. I am inclined, therefore, to think that the photophobia of strumous ophthalmia is a hyperæsthesia of the fifth nerve in its conjunctival distribution. Where there are no phlyctenulæ or ulcers, I think we gain most advantage by treating such cases as neuroses rather than phlogoses, remembering at the same time their dependence upon the scrofulous

diathesis. The most satisfactory cure I have ever seen was effected, after a preliminary course of Sulphur and Calcarea, by Arsenicum 3 and Conium 2, given on alternate days for a month. There has been no return of the malady for two months since.

5. The elevation or depression of the fontanelle is well known as a pathognomonic sign of excitement or depression of the brain (irrespective of effusion) in young children. May not the contraction or dilatation of the pupils be of corresponding value in after life? so that we may know, in obscure cases, whether to moderate over-action and hyperæmia by Belladonna, or to sustain depression by Zinc?

So much for the pupil as symptomatic of the state of the brain, the influence of which is conveyed to it along the channel of the third cranial nerve. I now pass to the effects upon the pupil of varying conditions of its sympathetic supply.

These conditions may be either local or general—peculiar to the cervical branches, or common to the whole ganglionic system. The former is produced artificially by galvanic excitation of the sympathetic in the neck—whether of the ganglia or their branches; and also by a similar irritation of the medulla oblongata and upper portion of the spinal cord. In both these cases the pupils become dilated. Bearing these experiments in mind, we may see in the pupils another confirmation of the modern doctrine of epilepsy, viz., its dependence upon an irritable condition of the medulla oblongata and upper portion of the cord. With the pale face and loss of consciousness which commence the epileptic paroxysm, there is invariably a dilated pupil, which is just what ought to happen if the two former phenomena result from contraction of the cerebral and facial arteries through irritation of the sympathetic transmitted from the disordered centres.—Again, in the tetanic paroxysms excited by Strychnine, the pupil is strongly dilated. This would just be the case if, as is commonly laid down, the influence of this poison is limited to the spinal cord, and does not extend to the nervous centres within the cranium. It is recorded of Nuxvomica, however, that its administration in a case of paralysis produced marked contraction of the pupils.\* And I think there

\* *British Journal of Homœopathy*, Vol. II. p. 231.

can be little doubt that *Nux vomica* has a powerful influence upon the brain, analogous to that which its alkaloid exerts upon the spinal cord. The following is a case in point, and it is noticeable that the pupils were contracted here also. In a discussion at the British Homœopathic Society, Dr. Chapman related the case of a "chemist, who, by way of bravado, took one night three or four drops of the mother tincture of *Nux vomica*. He awoke early the next morning with a feeling as if his head would burst. He was so giddy that he could neither sit nor stand; he had rushing sounds in his ears, intolerance of light and sound, and he could not see. His face was tumid; and he looked besotted, like a man reeling drunk. He (Dr. Chapman) was sent for to see him, when, in addition to the symptoms already mentioned, he found the pupils of the eye closed to about a pin's point." (*Annals*, vol. I., p. 880). This is one of the many facts which warn us against assuming that all the virtues of crude substances reside in their (so called) "active principles."—I have not been able to ascertain the state of the pupils in true tetanus. In hydrophobia, which is obviously an affection of the upper portion of the cranio-spinal axis, they are generally dilated. Again, the pupils have afforded a valuable aid to diagnosis in cases of obscure symptoms of mischief within the thorax. In some of these cases, one pupil has been found abnormally contracted or dilated; and this has been found after death to depend upon the presence of an aneurism or malignant tumour, causing either compression or irritation of the cervical sympathetic or its spinal connexions. There are several interesting cases of this kind in the medical journals of the last few years, and a paper on the subject, I think by Dr. Cockle; but I cannot now refer to these.

The above are instances of local affection of the cervical sympathetic, in which the state of the pupils indicates the condition of their ganglionic supply. But there are also diseases in which the whole sympathetic system is involved; and here also (as far as is ascertained) the pupils afford a faithful index to what is going on behind them. Of these diseases ague is the type. It is now pretty well established\* that the "cold

\* See a paper on this subject by myself in the *Lancet* of August 4, 1860.



stage" of this disorder is the result of the irritation of the ganglionic system by the malarious poison, resulting in general contraction of the cutaneous arteries; the "hot stage" the morbid reaction and dilatation of the same vessels; and the "sweating stage" their relief by exudation. If this be true, the pupils should be dilated in the cold, and contracted in the hot stage. I know of no observations upon this matter in ague; but the state of the pupils has been noted in cholera, whose collapse and consecutive fever precisely correspond (other peculiarities being excluded) with the cold and hot stages of ague. In the *Lancet* for Dec. 21, 1861, Dr. Maunsell writes of the collapse of cholera in India:—"The pupil in all cases is very much dilated, and its contraction, together with the disappearance of the cold, clammy sweat, is one of the first symptoms of recovery. This dilatation of the pupil I have not seen mentioned in any of the books, but it was visible in every instance that came under my notice. In the secondary form," (*i. e.* consecutive fever) "the skin becomes burning hot, *the pupils very much contracted*, the eyes congested, the breathing difficult and gasping, and the pulse very weak and quick." I have little doubt but that a dilated pupil would be found to accompany the chill, and a contracted pupil the hot stage of all kinds of fever. In connexion with this I may note that in poisoning by Aconite, in which is presented a perfect picture of the febrile chill, the pupils are always dilated.

I now come to a subject of great interest to us as homœopaths, viz., the significance of the contraction and dilatation of the pupils produced by certain drugs, of which Opium and Belladonna are the representatives respectively.

One of the earliest and most constant symptoms of poisoning by Belladonna is dilatation of the pupils. This property it has in common with Hyoscyamus and Stramonium. It resides in its alkaloid Atropia; and it is considered probable that the alkaloids of Hyoscyamus and Stramonium are identical with this active principle.

By what means does Belladonna effect this dilatation of the pupil? Is it by depressing the third nerve, or by exciting the sympathetic? is the phenomenon a local one, belonging to the

optical apparatus ; or is it only a symptom of the condition of the brain induced by the poison ? These are the questions which, in the light of our former inquiries, we must endeavour to answer.

It is generally taken for granted, that the dilated pupil of Belladonna poisoning is but a part of the general influence of the drug upon the brain. But this is exceedingly improbable. No fact is better ascertained about Belladonna than that it is an irritant to the intra-cranial nervous centres, exciting and deranging their functions, and causing them to attract a larger supply of blood than is natural. In a word, it sets up the first stage of inflammation of the brain. Now we have found that this condition of the brain, when occurring idiopathically, is always accompanied by a *contracted* pupil ; and that it is not until the stage of exhaustion and effusion sets in that the pupils dilate. If, then, the dilated pupil of Belladonna were a symptom of the state of the brain induced by it, that state should be precisely the opposite of what it really is. We conclude, therefore, that the influence of Belladonna upon the pupil is wholly independent of its action upon the brain.

This conclusion is confirmed by a curious case of poisoning by Opium and Belladonna conjointly, which is recorded by Dr. Christison in the third edition of his work on poisons. I have already quoted it once in this Journal,\* but will venture once more to cite it here.

“ A lady, who used a compound infusion of Opium and Belladonna as a wash for an eruption in the vulva, took it into her head one day to use the wash as an injection ; and actually received three successive injections, containing each the active matter of a scruple of Opium and half an ounce of Belladonna leaves. Fortunately, none of the three was retained above a few minutes, except the last, which was not discharged for ten minutes. In less than an hour she was found in bed in a deep sleep, but the true cause was not suspected till three hours later. She was then completely insensible and motionless, with the face pale, the pupils excessively dilated and not contractile, the

\* Cases of Poisoning by Belladonna, with Commentaries. *British Journal of Homœopathy*, vol. xx., p. 193.

pulse frequent and small, and the breathing hurried. After the use of purgative injections, blood-letting, leeches to the head, and sinapisms to the legs, she began in five hours to show some signs of returning consciousness, which improved after a fit of vomiting. When thoroughly aroused, the vision continued dim with the pupils excessively dilated, and the ideas somewhat confused. For three days after the pulse continued frequent, and the pupils somewhat dilated. Here the Opium seems to have prevented the delirium induced by Belladonna in the early stage; while, on the other hand, the Belladonna prevented the usual effect of Opium on the pupils, and actually produced the opposite action."

That is, the cerebral influence of Belladonna was entirely neutralized by the superior power of the Opium: while the dilatation of the pupil was as marked as ever, and this in spite of the tendency of Opium to cause its contraction. If, now, the dilated pupil of Belladonna were symptomatic of the condition of the brain induced by the drug, we should have in this instance a contradiction of the axiomatic law, "*causa sublatâ tollitur effectus*."

An important practical conclusion follows, viz., that a dilated pupil is no indication for the exhibition of Belladonna in cerebral disorder. Here, as elsewhere, true physiology and pathology are indispensable *addenda* to symptomatic indications as our guide to the choice of the remedy. Were we to follow, upon the rule "*similia similibus*," the invariable symptom of the dilated pupil as an indication for Belladonna, we should be giving it in those very cerebral conditions to which it is not homœopathic, and upon which it can exercise no curative influence. And, on the other hand, when Dr. Graves recommended the administration of Belladonna in the head affections of fever, when the pupils were contracted, although he thought himself acting upon the old principle of antipathy, his remedy was really homœopathic to the disease.

If, then, the dilated pupil of Belladonna is a local phenomenon, and not symptomatic of the state induced in the brain, is it, in the second place, the result of a depressing influence upon the third nerve? There is no evidence in favour of such an

hypothesis; while, on the other hand, there is abundant support to the opposite alternative—that Belladonna dilates the pupil by an excitation of the sympathetic in the neck.

This view has been advocated by Mr. Wharton Jones (*Principles and Practice of Ophthalmic Medicine and Surgery*), Mr. B. Bell (*Edinburgh Medical Journal*, July, 1858), Professor Allen Thompson (*Glasgow Medical Journal*, January, 1857), and Dr. Harley (*Medical Times and Gazette*, January 31, 1857).\* The arguments in its favour may be summed up as follows:—

1. When a solution of Belladonna or Atropine is applied to the web of the frog's foot, the arteries become contracted, while the application of Opium causes them to dilate (*Carpenter's Physiology*, 5th ed., p. 237). Since the calibre of the arteries is regulated by the ganglionic nerves, these phenomena would point to the excitation of these latter by Belladonna, and their depression by Opium.

2. In poisoning by Woorara, "the sympathetic nerve," says M. Vulpian, "sometimes continues responsive to galvanism more than two hours after artificial respiration has been practised; but after it is paralysed, Atropine no longer determines the least dilatation of the pupil. As long as galvanization of the cervical plexus occasions dilatation, however slight, of the pupil, so long Belladonna also will determine it." (*Mem. de la Soc. de Biologie*. Transl. in *Brit. Journ. of Hom.*, vol. xviii., p. 348).

3. "In birds the iris, which contains no radiating fibres, and receives no branches from the sympathetic, is not influenced by Belladonna" (Wharton Jones).

4. Dr. Brown Sequard, in his work on Epilepsy, and in his Lectures on Paralysis, states that the internal administration of Belladonna causes contraction of the small arteries. But he notes that this effect is seen but slightly in the head and face, while it is strikingly manifest in the spinal cord. This fact is in close connexion with what we have already seen, that Belladonna increases the flow of blood to the nervous centres within

\* See also a paper of my own in the *London Medical Review* of August, 1860.

the cranium, while it has no such influence upon their continuation in the spinal canal. In the brain, the tissue-irritation set up by Belladonna overcomes its influence upon the ganglionic nerves of the blood-vessels, which otherwise would contract the arteries within the cranium, as they dilate the pupil without it.

5. Dr. Harley's experiments (*Medical Times and Gazette*, January 31, 1857) point unmistakeably to this conclusion, while they present several points of peculiar interest. In the first instance, a solution of Atropine was applied to the cut end of the cervical sympathetic in an animal for twenty-five minutes. No dilatation of the pupil ensued. This result appears to depend upon the fact that Belladonna, like all other poisons, acts only when introduced into the circulation. For, while the experiment was proceeding, a few drops of the solution fell upon the animal's neck, and was absorbed. In no long time dilatation of the pupils was observed, but less marked in the eye corresponding to the divided nerve. There are two ways in which this may be accounted for; either by supposing that the energy of the nerve itself was depressed by its severance from its ganglionic centre, or by supposing that the action of the drug is more potent upon the ganglia than upon the nerve-trunks. The former explanation best commends itself to my mind. Next, Dr. Harley applied a single drop of the solution to the conjunctiva; and the pupil of that eye only became enlarged. He applied several drops, and dilatation of both pupils ensued. The rationale of the difference is pretty obvious; but the first result shows plainly that Belladonna can dilate the pupil without going beyond the terminations of the ganglionic nerves in the orbit. The next experiment, however, shows that in order to respond fully to the influence of the drug, these nerves must be connected with their centre of power, and so exist in entire functional energy. For when Atropine was dropped into an eye whose corresponding cervical sympathetic had been divided, dilatation took place, but not to its full extent. Lastly, Dr. Harley divided the third nerve in a healthy animal; the pupil immediately dilated. Atropine was applied, but no further dilatation ensued. The cervical sympathetic was next divided; and the pupil then resumed its normal condition.

The influence of Opium upon the pupil presents a problem of far greater difficulty. It is natural to suppose that an agent which uniformly, and at every stage of its poisonous operation, contracts the pupils, should act in a manner directly opposite to one which as uniformly and persistently dilates them. And such a theoretical conclusion seems strongly confirmed by the results of a practical inference drawn from the phenomena. I was among the first to recommend the use of Opium and Belladonna as antidotes one to another in cases of poisoning. This practice has now been extensively carried out, especially in America, and with most gratifying results. In all the cases whose details have come under my notice, an alteration in the state of the pupils under the influence of the antidote was the first symptom of recovery. Opium has also been used with success in cases of Stramonium poisoning in India.

Shall we say, then, that Opium acts upon the brain in a manner diametrically opposed to that of Belladonna? The mutually antidotal powers of the two remedies would point to such a conclusion; and the comparative study of their symptoms confirms it. The full effects of Belladonna are excitement going on to delirium; those of Opium are oppression, merging fast into sopor and coma. The testimony of Homœopathic therapeutics also is in favour of this essentially opposite action upon the cerebral substance. Opium is of benefit where the symptoms of depression and oppression of the brain prevail; and, in cases where the nervous system appears insensible to the action of remedies, a dose or two of Opium will sometimes revive its sinking energies. While Belladonna, as we know well, meets best the erethistic and inflammatory conditions of the nervous centres.

But since we have already seen that the dilated pupil of Belladonna is not dependent upon the state of the brain induced by that drug, it is certain that Opium cannot overcome that dilatation by its antagonistic influence upon the brain. This, indeed, our case of compound poisoning has already taught us. And again, if the state of the pupil in Opium poisoning were connected with the consentaneous depression of the cerebral energy, it should be (as we have seen) one of dila-

tation rather than contraction. In seeking for an explanation of these facts, we light upon certain residual phenomena of the influence of Opium which cannot be accounted for by simple depression of the substance of the brain. These are the primary excitement which nearly always appears from moderate doses, and the signs, both living and *post-mortem*, of engorgement of the intra-cranial blood-vessels.

Let us now suppose (which is at least probable) that Opium exerts upon the sympathetic system an influence of a similar kind to that which it exhibits in the cerebro-spinal sphere; we shall then have contraction of the pupils, as from division of the sympathetic in the neck. Further, the coats of the cerebral arteries being relaxed by the loss of energy in the vaso-motor nerves, a larger supply of blood than natural will be sent to the brain; the first effect of which will be to excite its functional energy, and then, as this latter declines under the depressing influence of the drug, to give a congestive character to the semi-paralysis which ensues.

If these views as to the action of Opium be correct, it becomes very questionable whether the symptomatic resemblance warrants its administration in cases of apoplexy. What we have to treat in apoplexy is not the extravasation, which is irremediable, but that which has caused the rupture of the degenerated blood-vessel, and which, if allowed to continue, threatens to increase the mischief. This cause may be either an excitement of the general circulation, or an active congestion of (*i. e.* attraction of blood to) the brain. In neither case is Opium truly homœopathic to the morbid condition. Aconite is our substitute for the lancet in the former, and Nux vomica seems to me the true pathogenetic analogue to the latter. The active congestion of Belladonna is too inflammatory-like to make it perfectly homœopathic to that which obtains in apoplexy. In cases of apoplexy where extravasation has not occurred, but active congestion is the beginning and the ending of the whole matter, Nux vomica seems to me to cover the whole malady. But I can conceive it possible that where extravasation has occurred, and the danger arises not so much from congestion as from oppression of the vital parts at the base of the brain, a

few doses of Opium might be of service, as the drug would certainly be homœopathic to this portion of the disorder,

Much interest has been excited of late by the discovery of the property possessed by the Old Calabar Bean of contracting the pupils, whether by its local or internal administration. I will not enter upon this subject here, as I propose to devote a special paper ere long to the study of this important poison.

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### **“ ECZEMA ERYTHEMATODES ” A FREQUENT CAUSE OF DEAFNESS.**

By CHARLES R. CUTMORE, M.R.C.S. and L.M., Eng.

ECZEMA, or an eruption so termed, attacks the human body in a variety of forms, and assumes numerous phases according to the strength and vitality of the individual so attacked, producing a diversity of figure, to which a variety of names are given to suit the fanciful taste of different authors of the allopathic school. I shall here only allude to the first and second stage of eczema, viz., the sthenic and asthenic, the former running its course in the young and vigorous, the latter amongst the enfeebled, and of a cachectic diathesis; mostly attacking females and elderly persons in the middle period of life with a depressed nervous system, causing a perverted vascular function of a low grade, and tending to spread by continuity in the mere surface of the integument; often favouring those parts of the body, which are deficient in vital action, such as the integument of the auricle, scalp, chin, palpebræ, prepuce, labia majora, and extremities of the body. Eczema often takes on the erysipelatous form, destroying and infiltrating the tissues so attacked, leaving them hypertrophied and injured, such as the membrana-tympani of the ear, causing deafness, noises in the ears, and vertigo, chiefly arising from congestion; and secondly, from exfoliation of the epidermis, and an accumulation of cerumen in the meatus. The auricle and its immediate vicinity, are favoured parts for eczema in various forms, probably from being (at times) contiguous to various diseased structures, as caries of the teeth, chronic diseases of the internal ear, caries of the



mastoid cells, &c., setting up a sympathetic irritation, and at other times, from gastric irritation of the primæ viæ and glandular complications. After attacking for some time the auricle, it enters the external meatus, the dermoid layer becomes tumefied and red, exudation takes place, which desiccates and forms into scales, and the whole of the epidermis continues to exfoliate, blocking up the meatus, at the same time an interstitial exudation is going on, and completely obliterating the orifice of the meatus externus, causing hypertrophy and total deafness of an intractable kind; but, if the membrana tympani be implicated in the early stage of the disease, deafness would ensue prior to the external meatus becoming so involved. In treating of this frequent disease of the ears, all circumstances must be considered, and each individual case must be treated as a separate and isolated one, the constitution and peculiar diathesis minutely examined, and the condition of the general health inquired into, before a favourable prognosis can be arrived at or treatment commenced.

At the first part of the disease, especially in the inflammatory stage, local applications are very soothing to the patient in tending to mitigate the destructive action of the inflammation of the delicate structures of the internal ear; a warm cataplasm medicated on its surface with a few drops of the same medicine (second dilution) as prescribed internally in a higher dilution, as Aconite, Clem., Apis-mel, Canthar., Bell., Cham., Ant. cru., Caust., Dul., Rhus. If the external meatus be inflamed and tumefied, it should be syringed with warm water, medicated as above.

In the second or third stage, when desiccation is taking place, apply an emollient liniment, made of equal parts of olive oil and liquor calcis with a camel-hair brush to the different surfaces, or Glycerine two parts and one part water, applied in the same manner. Another good auxiliary is an evaporating lotion, consisting of one part Spirits of wine and four parts water, medicated with the remedy that is being taken internally, and applied on cotton-wool to the tumefied surfaces. As regards the constitutional treatment, all irritation that may excite the attack must be scrupulously removed, as far as practicable, and

the diseases of the neighbouring structures attended to, viz., decayed teeth, caries of the ossicles and mastoid cells, glandular complications, irritation caused by the presence of a foreign body in the external meatus, and cachectic constitutions, each must receive an appropriate attention from the surgeon.

It will be seen, on treating the diseases of the ear, that the symptoms will be found mostly to belong to the objective kind, except in those diseases which attack the internal ear and the eustachian tube, that generally arise from a scrofulous diathesis; but even in some of these, the objective symptoms will stand out the most prominent, and are more to be depended upon than the subjective.

I will relate a case of eczema, of thirty years duration, cured by the means and remedies suggested, after being unsuccessfully treated for nearly the same period by allopathic and homœopathic practitioners:—

January 1st, 1863. Mrs. M., æt. 68, married, bilious temperament; health good but weak. About thirty years since an allopathic practitioner applied a blister to her throat for inflammation of the larynx, when it abated, the vesicated part could not be healed; afterwards, she was attacked with an eczematous eruption around the whole of the neck, extending to the auricles and over the scalp, continually vesicating and exfoliating, with a deep erythematous base, itching and burning violently.

At the time she presented herself, the head and neck were thickly covered with thin pellucid scales, falling off in quantities at the slightest touch, the auricles and the external meatus were swollen and closed by œdema, and entirely precluding any examination of the membrana tympani; also, she had violent burning in the throat. *Ars. vij. gl. x., Aquæ. dest. 3 vj., Coch. mag. ter-die.* The head and neck to be washed with *sapo mollis* and water, and a lotion of *Ars. iij. gtt. x., Aquæ 3 vj.*, applied to the excoriated parts, and *Ars. vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.*

Jan. 7th. Head, neck, and auricle cleaner, with less burning in the throat.

Jan. 20th. Repeat med. and lotion. Eruption drier and less painful, itching of all the parts unbearable, with continued ex-

foliation of the pellucid scales; Clema. vij. gl. x., Aquæ 3 vj., Coch. mag., Lotio clem. 3, gtt. x., Aquæ 3 vj.

Jan. 30th. Eruption drier and paler, and feeling better in health, pain in the sacral region caused by hæmorrhoids, bowels constipated. Nux vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.

Feb. 5. Feels much better, cata. appeared (which had left her for fifteen years), scalp and auricle cleaner; examined the external meatus with speculum, the membrana tympani looked red and excoriated, discharging a thin acrid fluid; hearing distance of the right ear, contact, syringed the meatus with warm water medicated with Clematis, 2nd dil., Aquæ 3 vj. to take Clem. vij. gl. x., Aquæ vj., Coch. mag., ter die.

Feb. 13th. Better; hearing distance of right ear five inches, left ear seven inches, the eruption drier and desquamating rapidly; taken cold and has sore throat. Bell. vij. gl. x., Aquæ 3 vj., Coch. mag. 4 tis horis.

Feb. 19th. Improving. Repeat Clema. with lotion.

Feb. 27th. Still improving; great noise in the ears. Syringed the meatus, and brought away a quantity of exfoliated epidermis. *Repeat medicine.*

April 3rd. Noise in the ears gone, which depended upon the exfoliated epidermis lying in contact with the membrana tympani. Head quite clean. Auricle slightly moist and scaly. Saccha. lactis.

April 11th. Still improving. Saccha. lactis.

April 20th. Hearing distance of right ear nine inches; left ear twelve inches; heat in the throat. Ars. vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.

April 27th. The eruption on the head, neck, and auricle nearly well; scales almost gone. Saccha. lactis.

May 4th. Taken cold, with catarrh, bowels relaxed. Puls. vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.

May 9th. Eruption better; hearing distance of right ear sixteen inches, left ear eighteen inches. Sulph. vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.

May 20th. The scalp of the head quite clean and free from exfoliation; hearing distance right ear two feet, left ear three feet six inches.

The only remark I have to offer is, that the patient's life had been a burden to her for many years, from the continual exfoliation of scales of the head and neck, over her person, and dress.

## CASE II.

Miss W., æt. 38, of nervous temperament; health very good.

July 8th, 1868, consulted me. Caught cold fifteen years since, from which time her hearing has been affected. Complains of violent noises in the ears, like the roaring of the sea. Throat feels sore and relaxed; cracking in the ears when blowing the nose. Examined the external meatus with the speculum auris. The auricle slightly eczematous, and the meatus externus closed by the desquamation of the epidermis and cerumen. On removing it by syringing, the whole of the external meatus was tumefied and congested, the membrana tympani looking white and sodden. Hearing distance of right ear contact of the watch, left ear fourteen inches; throat red, and vessels tortuous; eustachian-tube pervious, but containing more than a healthy quantity of mucus. Prescribed, Bell. vij. gl. x., Aquæ vj., Coch. mag. ter die, to apply a cold compress around the throat on going to bed, and drop two drops of Glycerine into the meatus.

July 10th. Hearing distance of right ear eight inches, left ear two feet; upon examination, the meatus was looking more healthy, secreting a thin acrid discharge with slight exfoliation of the auricle. Syringed with warm water, and applied Glycerine, Col. vij. gl. x., Aquæ  $\frac{3}{4}$  vj. ter die.

November 12th. Had become better but returned for treatment, having taken a fresh cold. Complained of itching in the meatus, noises in the ears better, and the hearing improved after hearing a loud crack. Had a discharge from the ears of a foetid kind; hearing distance of right ear one inch, left ear two feet. Syringed the meatus with warm water. Mer. sol. vij. gl. x., Aquæ  $\frac{3}{4}$  vj. ter die.

Nov. 14th. Hearing distance of right ear three inches, left ear two feet six inches. Sulph. vij. gl. x., Aquæ  $\frac{3}{4}$  vj. ter die.

Nov. 18th. Hearing distance right ear two feet, left ear three

feet; left meatus discharging a thin serous fluid; noises nearly gone. Sulph. vij. gl. x., Aquæ 3 vj. ter die.

Nov. 25th. Hearing distance of right ear four feet, left ear three feet. Syringed the meatus with warm water and bade the patient to put a drop of Glycerine into the ear every night. Sili. vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.

December 5th. Noises nearly gone, the epidermis of the meatus scaly and exfoliating. Syringed with warm water and pencilled the meatus with a solution of Argentum Nitricum, gr. x., Aquæ 3 ij., Mer. cor. vij. gl. x., Aquæ 3 vj. ter die.

Dec. 18th. Hearing distance of right ear three feet, left ear four feet. Syringed both ears. Clem. vij. gl. x., Aquæ 3 vj., Coch. mag. ter die.

January 26th, 1864. Eczema disappeared, and the auricle and meatus looking clean and healthy. Clem. vij. gl. x., Aquæ 3 ivj. ter die.

March 15th, Perfectly cured. Has been free from noises, and the hearing natural.

## A VISIT TO THE CHANNEL ISLANDS.

By R. TUTHILL MASSY, M.D.

WE have read in the history of "Tom Brown's School Days" that young Tom was a hearty strong Berkshire boy, born in a quiet old-fashioned village under the shadows of the everlasting hills which he never left until he went first to Rugby school; "for in those days change of air twice a year was not thought absolutely necessary for the health of all Her Majesty's lieges;" nor is it now for those fine healthy children and their patriarchal grandfathers who reside in the nooks and corners of Great Britain and Ireland, happy in themselves and their surroundings. The very young and the very old are best and happiest at home. It is not here required to state cases confirmatory of this opinion, as each practitioner has plenty among the folds of memory and past experience. After this confession my readers will not suspect me of being one of those of whom the author of the "School Days" "has been credibly informed that the various

Boards of Directors of Railway Companies—those gigantic jobbers and bribers quarrelling about every thing else, agreed together some ten years back to buy up the learned profession of medicine, body and soul. To this end they set apart several millions of money, which they continually distribute judiciously amongst the doctors, stipulating only this one thing, that they shall prescribe change of air to every patient who can pay for a railway fare." The author has given another reason of which I must also plead innocent,—viz., "*fashion*;" he said, "we are moving from top to bottom; the Queen sets us the example. Little dirty Jack who abides in Clement's Inn gateway, and blacks my boots for a penny, takes his month's hop-picking every year as a matter of course. Why shouldn't he? I'm delighted at it."

"Comme le limaçon  
Portant tout son bagage,  
Ses meubles, sa maison."

Little Jack is greatly benefited by his trip into the hop yards of Kent and Worcestershire, the influence of climate being visible on his browned cheeks, and in the now ruddy complexion of his little sister who accompanied him; the limbs of both are stronger and rounder than before they left their sunless room. Our Lords and our Commons also take their run from the dense air of London, and the routine of parliamentary duties. The physicians and surgeons are obliged to take their holiday from the hospital and operative theatre—all who can have a change, for it is an innate element in nature.

Last autumn I visited "*The Channel Islands*," and had my holiday among those sea-girt isles beyond the caskets. The route *via* Weymouth is the shortest, though it occupies six hours to Guernsey, and three more chopping the waves to Jersey. These six or nine hours tossing on the rough channel, and between the islands, raises a sad objection to our sending a particular class of invalids over. First: those very much enfeebled from disease in the heart or lungs with intermittent pulse or bloody expectoration. Second: those having a tendency to apoplexy or paralysis. Third: those afflicted with abdominal tumours, ruptures, or aneurisms.

*Guernsey* reminded me of old Aberdeen from the granite blocks and tall houses extending to the highest points of St. Peter's Port. Again and again their resemblance arose when looking at the heavy blocks of stone masonry around; but a single reflection on the place and people removed the thought. The rocks of Pleinmont rank among the great lions of *Guernsey*, but I must not particularize any of its beauties, for the little island forms a world in itself filled with charms, fortified by formidable rocks, and raging waves, and a loyal people.

As my visit chanced to be in autumn, I shall give an extract from Dr. Hoskin's paper read before the Meteorological Society on the interesting phenomenon called "*Le petit été de Saint Martin*," also called "*Le petit été de Saint Michel*," or the short Michaelmas summer described in the following words: "The equability of autumn, and its duration, constitute peculiar features in the climate of *Guernsey*; for notwithstanding the light south-east breezes of September, the storms and rains of October and November, this season is often remarkably fine and genial, extending even to the middle of December, and abridging most agreeably the duration of winter. So frequent is the occurrence of this second summer, that it is proverbially designated by the peasantry as '*Le petit été de Saint Martin*,' in consequence of its dating in general from the 10th of October, old Michaelmas, or St. Martin's day. The enduring foliage of the *Guernsey* aloe, and the length of twilight, favours the illusion and completes the reality of this summer dream."

Dr. Ozanne promised to favour me with a few notes on the climate, but up to the present he has not been able to do so; his views as related to me may be expressed by a quotation from Barbet's Almanack:—

"There is far less range of temperature at *Guernsey* than at *Jersey*; this, in a measure, accounts for *Guernsey* being preferred above *Jersey* for invalids. It is no unusual thing for a winter to pass without either snow or frost. No venomous animals are to be found, and even the toad, of which there are immense numbers in *Jersey*, cannot live here."

The men's bathing place at *Guernsey* is the best known to me; cut out from the rock, it extends by gradual steps in

succession into the sea, thereby securing safe and excellent plunging and swimming at every stage of the tide.

*Jersey* is also a lovely island, adorned with many beauties both from nature and art, which have been described in "Rambles" and "Walks" within the reach of every tourist who wishes to visit its objects of interest and instruction. My chief desire is merely to give a sketch of the medical opinions on these Islands, thereby enabling my readers to form just conclusions in their own minds on the merits and demerits of the climate when called on to prescribe change of air for those who may require it. Dr. Scholefield has written the most elaborate essay on *Jersey*. The diseases of most frequent occurrence in his opinion are; "rheumatism, chiefly chronic, hepatitis, or liver disease; also, for the most part, chronic, and generally functional rather than structural; hypochondriasis, or melancholy; dyspepsia; dropsy; and in the class of fevers, the milder forms of remittent, the slow typhoid, and the intermittent." He tells us that both residents and natives suffer extensively from rheumatism. "Among the people in the rural districts, it is universal after the age of thirty; and as a protection against its attacks, the field labourers resort generally to *red* flannel as a clothing"—the colour of the flannel is considered as instrumental as the fabric itself towards proving a safeguard and protection against rheumatism. This chronic rheumatism "is very prevalent among the British residents;" and as it is produced by "the great humidity of the atmosphere," *we must not send patients with a rheumatic tendency to Jersey.*

*Hepatic diseases* are next noticed by Dr. Scholefield; he considers that they owe their origin "to the same causes which give birth to the sub-acute forms of rheumatism; and is actually accompanied by many of its symptoms: and that there is even strong ground for believing it to be, in fact, if not a metastasis of rheumatism, at least an extension of that disease to the liver." The causes mentioned are the extreme humidity, together with the warmth of the climate during the winter months, and the unwholesome fogs; "for here we rarely witness any of those long and bracing frosts that are so invigorating to the body in



the more northern latitudes; and which, even in Holland, are found to dissipate for months the languid fogs of winter."

Another cause beside the climate may be named as giving origin to structural disorganisation of the liver consequent on the sub-acute form, this is caused by *ardent spirits* which the natives take "*to give them heart!*" Dropsy next follows in the wake of intemperance, and the drunkards' liver becomes the legacy of those who thus indulge in alcoholic drinks to "steep their labours in forgetfulness."

Dr. Scholefield directs the attention of the faculty to a second form of hepatic derangement.

"This kind shews itself mainly under the form of functional derangement of this viscus, and of those organs in its propinquity, that co-operate towards its function. It is thus characterized. A person, after some brief and obscure manifestations usual in the commencement of pyrexial disease, is attacked by sickness and vomiting. A dull pain is referred to the right shoulder, the epigastrium, and the right hypochondrium. This is increased by pressure on those regions. The tongue is white, and furred at the sides. The pulse is nearly natural; the urine is reddish, and deposits largely on standing. The eyes are lively but yellow; the countenance is sallow; and the bowels at first open, but afterwards costive. The vomiting comes on irregularly:—occasionally three or four times a day, at other times twenty: and after a day or two, bile is discernible in the egesta. The constitutional derangement is not urgent; and the functions of the sensorium are not disturbed; although vertigo is sometimes present, and pain is often referred to the scalp, the cheek, or jaw of one side. These symptoms vary as to the length of their continuance; sometimes ceasing within four or five days;—at others extending to as many weeks. But the health of the patient is re-established; and frequently remains for a time better than before the attack; which, however, in a month or two, generally recurs from some slight cause; and again runs through the circuit of its course.

"These symptoms, however, are rarely present simultaneously, or even in the same case; and some of them are occasionally altogether absent. The disease chiefly affects persons between the ages of twenty and fifty; and generally such as have been previously

subject to rheumatism. But what especially marks the relationship of this disease with rheumatism (in addition to many of the symptoms detailed, which will be recognized as belonging to the latter) is this: that it is often consecutive upon fugitive pains, shifting from joint to joint, or lodging in the region of some of the great aponeurotic or ligamentous expansions of the back or trunk; or else it is actually accompanied by such pains,—the latter being by far the more frequent occurrence. In three cases, however, I have known this disease put an end to attacks of rheumatism that had for many years before greatly harassed the individuals, on any sudden changes of the wind to any particular quarters,—or of the moisture and temperature of the atmosphere. Lastly, the two diseases are assimilated in another respect,—being both prevalent in the same season; and under a similitude of circumstances, as touching the habits and locality of the persons affected by them.

These points of analogy in the symptoms are, I think, sufficiently close and numerous to warrant the opinion here advanced, that those disorders of the chylopoietic viscera, attended with vomitings, which are so universally met with in Jersey, and often in some of the damper counties of England also, are in truth, only another form of rheumatism; but one in which that disease, instead of being seated in the aponeuroses and ligamentous expansions of the large joints of the limbs and trunk, has its seat in the fibrous capsule of the liver; and hence comes, at length, to involve the other tissues of that gland on whose action the function of the organ depends.

Being well aware of the deep interest attached to an opinion involving a total change in our pathological views of an important class of diseases, I shall submit my views on this matter to the medical world, at greater length, and in another form. From the views that I shall there develop, it will be seen, that the derangements in the function of the liver in these diseases, although primarily arising from sub-acute inflammation of the fibrous tissues, above-mentioned, more immediately result from an extension of the inflammatory action along the dense cellular membrane investing, (like an arterial coat) the ramifications of the portal veins; since it is acknowledgedly from these veins (whose functions be it remembered are arterial), that, in the parenchyma of the liver, the bile is ultimately secreted: in the same manner as other secretions are formed from the capillary extremities of the arteries—the seat of other kinds of inflammation elsewhere.

It is obvious that the views here developed, are of extended application in practice. But here my limits compel me to be silent. For, independently of the medical treatment to be pursued in this class of diseases, we come also more clearly to understand in what way it happens, that dyspeptic diseases—the results of derangements of the hepatic system—are so much more generally met with in damp and variable climates, than in those of an opposite character.

Nor is it more difficult hence to explain how the hydropic diathesis should be so prevalent in Jersey, when we reflect that of all the causes of dropsy, none is so universal as that of obstruction in the liver; whether that arises directly from scirrhus, (as it is improperly named), resulting from the too abundant use of ardent spirits, or from continued functional derangement of the hepatic viscera, leading ultimately to disorganisation of structure.

Dr. Scholefield passes on to review another disease of especial prevalence:—

*Hypochondriasis*, a malady so general among the British residents, results, I am inclined to suspect, less from what may be called the physical condition of the island, than from the habits of those who are afflicted with it; in the brief allusion, therefore, which I shall make to it, my observations will assume a moral, rather than a medical character. However, I must not omit to mention, that frequent derangements of the chylopoietic organs, from the causes already brought under review, have, it is well established, a very decided influence in depressing the energies of the mind; and in spreading an undue degree of gloom and melancholy at once over the enjoyments of the present, and the prospects of the future.

That hypochondriasis should be a malady extensively spread among the British residents, is not surprising, when we consider the position of that class of society among which the residents are comprehended. Of these, by far the majority are gentlemen belonging to the two branches of the military profession. Having been engaged in their arduous duties,—prosecuted in most instances for years, in distant climes—most of these gentlemen have returned to their homes with health in some degree impaired, either by the insalubrity of the climates in the southern latitudes—so uncon-

to European constitutions—or by the vicissitudes of temperature which, in the various service of their country, they have of

necessity been oftentimes exposed. Confined now within the narrow limits of an island, which denies them all resort to the healthy and accustomed sports of the field, they find themselves as it were dependent upon each other for their occupation and amusements. The very transition from active and enterprising duties to luxurious and unsought repose, is of itself a state that demands all the exertions of a well stored and well regulated mind to be easily endurable. Hence the unceasing round of evening parties, protracted often until the dawn of another day; thus breaking in upon the proper hours of rest; exhausting the spirits, and debilitating the physical energies of the body.

The town, too, and neighbourhood of St. Helier, are not the most favourably placed for affording the means of exercise, so necessary for keeping up the vigour of the animal frame, and breaking in upon the monotony of life; and particularly to those whose previous lives have been passed in arms, amid the stirring scenes of the ocean or the camp. The immediate coast is rocky; and of dangerous approach, unless under the guidance of an expert pilot. Hence, few persons keep boats, or even indulge in the pleasant recreation of sailing round the shores. Nor is there any ground conveniently set apart by the authorities for the public exercising of the people; where the inhabitants might indulge in those healthy sports, &c., which are so much resorted to in England. Nor is there any public drive; or any gay promenade, offering a temptation to the indolent to enjoy the pleasures of the open air.

It must, however, be admitted, that of the facilities which St. Helier does afford, neither the residents nor the other inhabitants, appear to take due advantage. The narrow, dirty, and ill-paved streets appear to be the only resort of fashion; and the Royal Square,—a paved area, one hundred yards by fifty in extent, and hermetically sealed up with houses all around,—is regarded by the male population, as a second grove of Academus.

To all this, however, the pic-nic-parties, formed in the summer season, are a laudable exception; for it must be admitted, that in wandering about the shores of the island, the resident takes the most judicious means for dissipating the languor arising from confinement in the drawing-room.

*Fevers* of the intermittent class occur in the marshy common of Grouville, and in the adjacent wooded valleys. In the parish of St. Peter and in other parishes, isolated cases are imperfectly

shadowed forth, but only as a condition influencing other diseases.\*

\* Fevers of every type arise from ill drainage and want of drainage, and the deaths of many of our best men are due to this unprofitable neglect. The Prince Consort's fatal illness was traced to a like cause, and the death of Alexander the Great was attributed to a fever caught amid the marshes of Babylon, on the banks of the Euphrates, where he went to build a capital to commemorate his Asiatic conquests.

"The following account of his sickness and death is extracted from Dr. Vincent's learned work illustrative of the voyage of Nearchus:—

"As to the omens which preceded his departure, or the immediate cause of his death, I shall be silent; one thing only seems evident, that the poisoned cup is a fiction; his diary, still preserved, which records the progress of his disease, proves the gradual course of a fever, rather than the ravages of poison. The violence of his passions, the perpetual application of his mind, the constant exertion of his faculties, and the excesses of the table, are fully sufficient to furnish causes of dissolution, without having recourse to treason and conspiracy.

"It appears from Plutarch, that Alexander had given a splendid entertainment to Nearchus and his officers, two days preceding the account contained in the diary, which commences on the 28th of the Macedonian month Dæsius, in the year 324, A.C. It is evident that Alexander was on the eve of commencing his expedition against Arabia, and that Nearchus and his fleet were to co-operate with the army.

"At the conclusion of the entertainment, when Alexander was returning to the palace, he was met by Medius, who had been feasting a party of the officers, and now requested the favour of the king's company to do honour to the banquet. That night and the following day were spent in festivity; when it is not extraordinary that some symptoms of fever were the consequence of the excess.

"The Diary commences here, and contains the following particulars:—

"Dæsius 18th. The king bathed, and, finding the fever upon the increase, slept at the bathing-house. [The sleeping at the bathing-house is explained by Arrian, who states that he was conveyed in his bed to the river side, and carried over to a garden-house on the opposite shore].

"On this day also orders were issued for the land forces to be ready to march on the 22nd, and the fleet to be prepared to move on the 23rd.

"19th. The king bathed; went from the bath to his chamber; passed the day at dice with Medius; bathed again in the evening; attended the sacrifices in a litter; took nourishment in the evening; the fever increased, and the night was passed in great perturbation. Orders were issued for the officers to attend the next morning.

"20th. The king bathed; attended the sacrifices as before; conversed, while in the bath, with Nearchus upon his voyage from India, and gave him fresh orders to be ready on the 23rd.

"21st. The king bathed; attended the sacrifices in the morning; found no abatement of the disorder; transacted business with the officers; gave directions about the fleet; bathed again in the evening; the fever still increased.

*Consumptive patients* are said to derive benefit from a residence in Jersey, which is due (according to Dr. Scholefield) to the resemblance between the climate of Jersey and Alexandria. "Alexandria is, indeed, at all times exceedingly damp; the atmosphere is saturated with saline vapour, which condenses on the walls and furniture of the houses in small crystals of nitre, muriate of soda, and muriate of ammonia; the soil is everywhere covered with these saline particles; and although it is quite impossible to keep any articles made of iron free from rust, yet the constant breathing of this saline atmosphere does not appear to be prejudicial to health."

Recent observations are almost, if not altogether, opposed to this opinion on a damp atmosphere.

Dr. Ozanne is collecting together his notes on the diseases peculiar to Guernsey and Sark, which will be of much value in a medical point of view to the profession. He considers:—

"Sark, as decidedly the gem of the Channel Islands; it surpasses all description. Always grand and large, notwithstanding the extreme

"22nd. The king removed into the apartment near the bath; attended the sacrifices; the fever now ran very high, and oppressed him very much; he, nevertheless, ordered the principal officers to attend, and repeated his orders in regard to the fleet.

"23rd. The king was conveyed to the sacrifices with great difficulty; but issued fresh orders to the naval officers, and conversed about filling up the vacancies in the army.

"24th. The king was much more oppressed, and the fever much increased.

"25th. The king was now sinking fast under the disorder, but issued orders for the generals to attend in the palace, and the officers of rank to be in waiting at the gate. He suffered still more towards the evening, and was conveyed back again over the river from the garden to the palace. Here he obtained a short repose; but upon his awakening, when the generals admitted, though he retained his senses and he knew them, he had power of utterance.

"26th. The fever had made a rapid progress all night, and continued without abating during the day.

"27th. The soldiers now clamorously demanded to be admitted, to see their sovereign once more if he were alive, and suspecting that dead and his death concealed. They were suffered, therefore, to pass the apartment in single file without arms, and the king raised his head with difficulty, holding out his hand to them, but could not speak.

"28th. In the evening the king expired."—*Vincent's Voyage of N*  
p. 481-2-3.

smallness of the island: never without the elements of beauty as well as wildness and stern grandeur; the numerous rocky inlets, each has its own characteristic, and the outer network of islands being seen from successive points of view, produce the never-ending variety of the landscape.\*

\* Alfred Jerrington, Esq. arranged the following Statistical Table on Sark, and compared it with the climate of his own residence in the vale of Evesham, in Worcestershire, which is one of the most sheltered and mild localities in inland England. The figures were taken during two of the most severe winters of the winter of 1842-43:—

| DECEMBER, 1842. |       |          |             | JANUARY, 1843. |       |          |             |
|-----------------|-------|----------|-------------|----------------|-------|----------|-------------|
|                 |       | Evesham. | Sark.       |                |       | Evesham. | Sark.       |
| Day.            |       | Degrees. | Degrees.    | Day.           |       | Degrees. | Degrees.    |
| 1               | ..... | 0        | 52          | 1              | ..... | 36       | 43          |
| 2               | ..... | 0        | 51½         | 2              | ..... | 36½      | 42          |
| 3               | ..... | 0        | 50½         | 3              | ..... | 21½      | 37½         |
| 4               | ..... | 0        | 47          | 4              | ..... | 43½      | 47          |
| 5               | ..... | 0        | 46          | 5              | ..... | 38       | 47½         |
| 6               | ..... | 41       | 46½         | 6              | ..... | 34½      | 45          |
| 7               | ..... | 40       | 45½         | 7              | ..... | 49       | 47½         |
| 8               | ..... | 35½      | 47          | 8              | ..... | 36½      | 45          |
| 9               | ..... | 35       | 42          | 9              | ..... | 32       | 40½         |
| 10              | ..... | 38       | 41½         | 10             | ..... | 35       | 42½         |
| 11              | ..... | 36½      | 47          | 11             | ..... | 33       | 43½         |
| 12              | ..... | 52       | 53½         | 12             | ..... | 29       | 42½         |
| 13              | ..... | 53½      | 50½         | 13             | ..... | 29       | 45          |
| 14              | ..... | 48       | 48½         | 14             | ..... | 26       | 42½         |
| 15              | ..... | 46½      | 49          | 15             | ..... | 29       | 39          |
| 16              | ..... | 53       | 52½         | 16             | ..... | 34       | 42½         |
| 17              | ..... | 42       | 52          | 17             | ..... | 32       | 42½         |
| 18              | ..... | 41       | 47          | 18             | ..... | 44       | 48          |
| 19              | ..... | 36       | 46½         | 19             | ..... | 41       | 45          |
| 20              | ..... | 47       | 49          | 20             | ..... | 41       | 42          |
| 21              | ..... | 46½      | 50½         | 21             | ..... | 33½      | 40          |
| 22              | ..... | 47½      | 49½         | 22             | ..... | 43       | 0           |
| 23              | ..... | 42       | 49½         | 23             | ..... | 40½      | 42½         |
| 24              | ..... | 34       | 42          | 24             | ..... | 0        | 48          |
| 25              | ..... | 38       | 44½         | 25             | ..... | 40½      | 46          |
| 26              | ..... | 49       | 47          | 26             | ..... | 47       | 48          |
| 27              | ..... | 45       | 43½         | 27             | ..... | 48       | 50½         |
| 28              | ..... | 30       | 41½         | 28             | ..... | 51       | 51½         |
| 29              | ..... | 47       | 48          | 29             | ..... | 52½      | 50          |
| 30              | ..... | 50       | 50½         | 30             | ..... | 51       | 50          |
| 31              | ..... | 55       | 49          | 31             | ..... | 45       | 48          |
| Mean..          |       | 00·0     | Mean.. 47·7 | Mean..         |       | 38½      | Mean.. 44·8 |

One word on the Ethnological groups which came before me. The proud Norman did not appear to retain his native element unimpaired. Intermarriages are said to have much to do in dwarfing the native population. Inferior wines and other stimulants have produced their deleterious influences, and amongst the youth, smoking *bad* tobacco has given many a lad the haggard worn features of withering age. There are to be seen among the British residents some fine specimens of the English race, but among the islanders, in general, there were very few bearing the stamp of the original pirate who came and conquered.

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## REVIEWS.

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*Compendium der Homöopathie nach ihrem neuesten Standpunkte*, von Dr. BERNHARD HIRSCHEL, (Dritte Verbesserte Auflage) Wien, Braumüller, 1864.

*Compendium of Homœopathy, according to its latest position*, by Dr. BERNHARD HIRSCHEL, (Third improved edition). Vienna, Braumüller, 1864.

THE first edition of this work was published in 1851 under the title of "*Die Homöopathie*," and was favourably noticed in this Journal at the time of its appearance (Vol. XIII. p. 27). A second edition was published some years later under the title of *Grundriss der Homöopathie*, and a portion of this was translated by Dr. Hayle of Newcastle under the title of *Rules and Examples for the Study of Pharmacodynamics* in 1858. It is a fair test of the merits of the work that now a third edition has been called for, and while we object to the plan that some of our German colleagues have adopted of changing the title of a work with every new edition, we hasten to acknowledge the great improvements Dr. Hirschel has effected in the present edition. Some of the sections have been completely rewritten, and in all the progress of science and opinion up to the present day has been attended to. Altogether the work is one worth



of Dr. Hirschel's reputation, and of the subject. A full translation of it would be a great boon to the English physician desirous of obtaining a true knowledge of what homœopathy is at the present moment, and of the advances it has made since Hahnemann's time. We wish that some one of our colleagues familiar with German would set to work and prepare an English edition of this masterly treatise.

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*A Course of Clinical Lectures on Diphtheria, delivered before the class of Hahnemann Medical College, Chicago.* By R. LUDLAM, M.D., Professor of Physiology, Pathology, and Clinical Medicine.

The great want of homœopathic literature is a supply of practical treatises. We have plenty of Expositions (more or less popular) of our principles ; and more than plenty of Domestic Guides. We have one English attempt at a homœopathic "Practice of Medicine," but all our respect for the author must not hinder our continuing to consider it a failure. Such a work, indeed, is quite premature ; but not so monographs on special diseases and the affections of individual organs. We have among us men of large experience and cultivated minds, to whom the composition of such works would be no difficult task. And the special advantage we should gain would be this, that the recommendations as to treatment would be based upon practical experience, and not consist of mere inferences from the symptoms of the *Materia Medica*, or (still worse) of wholesale extracts from the current Repertories. Mr. Yeldham's Treatise on Syphilis, and Dr. Elb's Essay on Croup (translated in *British Journal of Homœopathy*, Vol. X) are examples of the kind of thing we need.

The Treatise on Diphtheria, whose title heads this notice, fairly meets our want in respect of this disease. Dr. Ludlam is already favourably known to the readers of this Journal by his able paper on Physiological Dietetics contributed to its last volume. The clinical account he has here given us of an acute disease, whose name calls up numerous associations of practical

and painful interest, is worthy of his reputation as a scientific physician.

He begins by a capital definition of the malady :

“Diphtheria, or diphtherite, is a word used to signify a specific constitutional affection, which should be classed among the zymoses, and is characterized, locally, by the formation of a false membrane upon mucous or abraded cutaneous surfaces.”

Proceeding next to the varieties of the disease, he limits these to the “simple” and “malignant,” objecting to the introduction of third or “croupal” form commonly recognized. We cannot agree with him as to the ground on which he bases this rejection, viz., that “croupal diphtheria” is “nothing more than a complication of the two diseases, croup and diphtheria.” We see no reason to suppose, that in those terrible cases where the diphtheritic deposit invades the air tubes, we have another disease added to it. We have, indeed, the croupal danger of suffocation added to the diphtheritic peril from blood-poisoning and asthenia : but we have no new disease. And the laryngeal form of diphtheria is sufficiently common to entitle it to take a third place side by side with the “simple” and “malignant” varieties.

We have next a very minute and able analysis of the symptoms of diphtheria, simple and malignant ; in each case based upon a typical case. The phenomena present in diphtheria simplex are ranged under the head of—1. The fever ; 2. The tongue, and digestive symptoms ; 3. The throat ; 4. The odour of the breath ; 5. The coryza ; 6. The cough ; 7. The gastric symptoms ; 8. The eruption ; 9. The disorder of the urinary functions ; 10. The local and general debility. We cite his descriptions of the fever and of the eruption.

“*The Fever.*—So far as my individual observation extends, this form of the diphtheria is more uniformly ushered in, and accompanied throughout its course by febrile symptoms, than is the diphtheria maligna. The height of the fever, however, does not appear proportional to the severity of the attack. Some of the mildest examples of this disease are characterized by the most violent febrile paroxysms, while the opposite is true of those cases which, from the outset, are more decidedly virulent in their nature. Its type is

nearly always remittent, although it may sometimes, and in certain localities will become either continued, or indeed intermittent. The paroxysm usually recurs at evening, and is marked by a hot, dry skin, with burning of the hands and feet, for the relief of which the little patient, if old enough, desires to be sponged over with warm water. In some cases, there is a paroxysmal headache, which comes on each evening with the febrile stage, and declines along with it. This headache is generally accompanied by a lameness and stiffness in the muscular cords on one side or another of the neck. The heat of skin is very marked, and pungent enough almost to burn when one touches it. It resembles the contact with a hot iron or stove, and gives one the sensation as if it would "siss," should we apply the washerwoman's test to the surface. After some hours, this symptom is almost entirely wanting. The general heat of the skin has declined, but there is no moisture to follow in its train, or minister to its relief. When the febrile paroxysm has passed away, the cutaneous integument has cooled off, and no excess of temperature is observable anywhere upon the surface of the body, save around the neck, and in the axillæ and the groins. When the type of the fever is continuous, this symptom persists for a longer period. In either case, however, it appears characteristic that its decline is almost never accompanied by a free flow of the sensible perspiration, neither by a copious diuresis."

"*The Eruption.*—There are, of course, exceptions to the rule, but the diphtheritic eruption appears to be much more common to the diphtheria simplex than to the diphtheria maligna. Why this is so, we cannot tell. It may be that this type of the disease is rendered more mild for the reason that the morbid irritant finds vent at the cutaneous surface. Where the eruption is entirely wanting, the attack is apt to develop into a more severe and dangerous form of the complaint. A modification in severity may be due to a relief of internal surfaces. Where it comes out freely, the remaining symptoms appear modified thereby. If however, the disease is complicated with rubeola, or scarlatina, the case will be very different. Here a profuse eruption might indicate an extreme degree of danger, for it is not true, as is generally held, that in scarlatina the danger is lessened in proportion as a copious eruption is made to appear upon the skin.

"We cannot fix precisely upon the latent period characterizing the duration of time between the inception of the diphtheritic cause

and the appearance of the eruption. Its period of *incubation* varies in different cases. Sometimes the patient will have been ill for a week, with nightly exacerbations and daily remissions of fever, and other symptoms of the disease, before any sign of the eruption has appeared. Or, it may be the first symptom indicative of ill health, the earliest to call the attention of the nurse or patient to any bodily ailment. Not unfrequently, it will be entirely wanting until subsequent to the decline of the other symptoms, when it will appear for a few hours, or a day at farthest, and then decline. Again, it will show itself early, then fade out entirely, and, by-and-by, it may be in a week, or ten days later, return, in the same manner as the secondary eruption of the scarlet fever occasionally does. As you would expect, a sudden retrocession of the eruption in diphtheria, as well as in the true exanthemata, may give rise to alarming symptoms. It would be *malpraxis* to employ any means which should tend to its translation from the free cutaneous to the internal mucous surfaces, since these may be already endangered by the most serious lesions, both of structure and of function.

“The eruption, which appears in the form of a rash, is sometimes of a dark or purplish color, bearing a close resemblance to that of measles, at others, bright and scarlet, as in the scarlet fever. I have known several cases to be mistaken for and treated as rubeola; while it is no unusual occurrence for the practitioner to be so misled by the particular hue of the rash as to pronounce it the scarlatina. Indeed, the eruption in diphtheria would seem to be a sort of “cross” between that peculiar to each of the two diseases last named, partaking of the characteristics of both, yet sometimes more nearly alike in appearance to the one than to the other. There is no desquamation of cuticle after genuine diphtheria. In certain epidemics, it has an erysipelatous look. Such a type of the disorder is of very grave nature, being always more prone to run into the diphtheria maligna. It may be limited, as regards the extent of surface covered by it, to the face and neck, the body, or the upper and lower extremities. In a considerable number of cases, I have remarked that it came out most freely, and, indeed, exclusively upon the back. This item, in very mild attacks, will sometimes be of service in forming a correct diagnosis.”

We have next the diagnosis between diphtheria simplex and other similar disorders, as tonsillitis, ulcerative stomatitis,

rubeola, scarlatina, and epidemic influenza. The question being often raised as to the identity of diphtheria and scarlatina, we cite Dr. Ludlam's differential description of those two diseases.

*“From Scarlatina.*—There are but two forms of the scarlatina with which this variety of diphtheria is liable to be confounded, the scarlatina simplex and the scarlatina anginosa. There are, however, certain points of difference which may aid us to diagnose the diphtheria from either of these. These concern the fever, the appearance and decline of the eruption, the throat affection, and the nervous symptoms and sequelæ.

“In every case of scarlatina, no matter how mild in degree, the heat of skin which is found in its earlier stages, is remarkable. This heat usually continues without abatement until the eruption makes its appearance. Or, if the latter be wanting, we still find a characteristic increase of temperature, which does not change very materially until the period has elapsed during which the rash should have run its course. In the great majority of examples of scarlatina, as in rubeola, there is no remission of the fever until the rash has broken out. The little patient may lie for twenty-four, thirty-six, or even for forty-eight or more hours, without any decline in the fever. When the rash appears, the surplus heat seems to have, in a measure, departed.

“The fever in scarlatina does not entirely leave, as in most eruptive diseases, upon the appearance of the exanthem. Its type becomes remittent or irregular, instead of continued. This change is due to a species of critical discharge, designed for the relief of the general organism, of which there are at least four varieties, viz.: that from the skin, the alimentary mucous membrane, the kidneys, and the nervous system. The breaking out of the rash, brings relief through the skin as an excretory outlet for vitiated and suppressed secretions, which are thus set free by a more or less profuse diaphoresis. If this species of safety-valve remained closed, the digestive or respiratory surfaces become the seat of the eruptive lesion, in which case, a thin, watery, and more or less profuse diarrhœa, or a copious expectoration of catarrhal mucus, will ultimately result.

“Or the compensatory function of excretion by the kidneys may be enlisted for the relief of the excess of febrile action. Diuresis is a frequent symptom of scarlatina at the period of the disease of

which we are speaking. Structural changes in the kidneys, as in Bright's disease, albuminuria, and even dropsy, result from this excess of duty, in striving to perform their own function in addition to that which is proper to the skin.

"In the diphtheria simplex, there is a daily and nightly remission and exacerbation of the fever throughout the course of the complaint.

"There are cases of scarlatina, however, in which the febrile symptoms either subside entirely, or are greatly modified, before the rash has showed itself upon the surface. But these are to be regarded as exceptions to the general rule, and are in themselves instructive. In scarlatina, when this condition of things happens, you should be on your guard, for there is great danger of convulsions. The tardy advent of the eruption, and the cooling off of the skin, portend the most serious consequences to the nervous system. Here, the more ordinary of the three outlets of which we have spoken is closed, and the whole specific disease-force is correlated to that of the nervous system.

"Not so in the disease whose peculiarities we are studying. The eruption appears to bear but little relation to the height and severity or duration of the febrile symptoms. It may appear at an early date of the disease, or not until very late, or indeed fail to appear; and yet the daily cycles in the fever go on as if its legitimate course were being accomplished. Its suppression, or its re-percussion, does not increase the liability to convulsions. The poison may concentrate its force upon the blood and the solids, may so derange the function of innervation as to give rise to anæsthesia, or even to a super-sensitiveness of the surface, may produce paralysis of the muscles, incipient amaurosis, or even deafness, but will not occasion genuine convulsions.

"Valleix, a French authority, recognizes another diagnostic symptom separating the scarlatina and diphtheria. In the former, the decline of the eruption is characterized by desquamation of the cuticle, while that of the latter is not. This is a very important distinction, and may serve in part to explain the extreme degree of debility which follows a rapid and general exfoliation of the epidermis. This drain upon the system produces effects which are kindred in nature to the sapping of the strength by the loss of albumen in the formation of the false membrane, and in the albuminuria of genuine diphtheria.

“In the anginose form of scarlatina, the tonsils are indeed swollen but their colour is scarlet, and their surface smooth and shining. Sometimes they are whitened with a filmy, transparent layer of mucus, which appears, at first sight, to be organized. This appearance is deceptive. The deposit will be readily distinguished from the more distinct and deeper seated ulceration which is found upon the tonsils in the diphtheria simplex. Trousseau, in his Clinical Lectures, says that, in diphtheria, the swelling of the cervical glands, which is sometimes so enormous as to extend beyond the jaw, is altogether out of proportion to the intensity of the faucial affection.

“Death rarely anticipates the formation of the pseudo-membranous deposit, or of the diphtheritic ulcer in milder cases of the diphtheria, at some point upon the mucous surfaces. In scarlatina, however, it may, and often does happen, before either the throat symptoms or the eruption are present in any very marked degree.

“Paralytic affections, either of the sensory or motor filaments, or of both these together, is a not unfrequent accompaniment and sequel of diphtheria. Even the milder cases are liable to be thus complicated. Such symptoms are but seldom witnessed in any form of the scarlatina.”

Passing now to diphtheria maligna, our author analyses the symptoms of a typical case under the categories fever, cerebral symptoms, throat and fauces, larynx and trachea, nasal symptoms, membranous deposits in various localities, hæmorrhagic symptoms, disorders of the alimentary function, disorders of the urinary function, and deranged innervation. His account of the cerebral symptoms is so graphic that we quote it entire.

“*The Cerebral Symptoms.*—In a majority of examples of the diphtheria maligna, when the fever declines, as it is prone to do, if the case do not prove fatal after one or two days, the mental faculties become remarkably clear. The patient sits upright in bed, with a mature but distressed look, weighing every little circumstance about him with the coolness of a genuine philosopher. If the dyspnoea is not very marked, and articulation be possible, he may even inquire concerning the source of alarm to his parents and friends. Or, he may be impressed from the first with the probability of his death, and turn to moralizing, or to a pathetic leave-taking of those within hearing, whenever he ventures to speak. In some malignant cases, this is a most trying symptom.

“I remember one little fellow who asked to be carried to the window that he might look out upon the snow. His mother held him as he desired. He asked her to wipe away the frost from the pane that he might see. She took her handkerchief to comply, and, sooner than I can relate the incident, the vital spark had fled. In another case, a boy of six years, who had been ill with the disease only thirty-six hours, raised himself in the bed, and exclaiming, “Ma, how dark it is growing!” died in an instant, and without the least struggle. Such a sudden and unlooked-for event may be attributed to poisoning of the nerve-centres, and sometimes to a mechanical obstruction to the free circulation of blood through the right side of the heart. In either case, you will not fail to remark the acuteness of the mental faculties up to the very moment of dissolution. As in the later stages of phthisis pulmonalis, the eye will flash a brighter light, and the mental perceptions be quickened, so in malignant diphtheria we sometimes find the light of life to burn more brilliantly just before going out.

“Where the glands about the throat are greatly swollen, the brain symptoms are of a very different order. The increased size and tumefaction of these organs interferes, by mechanical pressure, with the free circulation of the blood to and from the head, through the cervical vessels. There is an increased liability to cerebral congestion. The little patient becomes either suddenly, or it may be more gradually, insensible to external stimuli. He breathes stertorously, and lapses into a comatose state, death resulting, finally, in much the same manner as in malignant scarlatina.”

While upon the subject of disorders of the alimentary functions, a symptom is mentioned which we have not met with in England.

“Beside the anorexia, cases of diphtheria maligna are frequently characterized by gastric suffering and distress which differ in degree only from that to which your attention has been called when speaking of the diphtheria simplex. As large a proportion as four-fifths of the examples of this form of the disease which have fallen under my personal notice, have presented this symptom. The pain in the epigastrium is usually dull and weighty in character, not acute and intermittent, but steady and constant, resembling that which dyspeptics sometimes experience at a given time after their meals. By-



and-by the region of the stomach becomes sensitive to pressure, and vomiting or diarrhoea may result. If cold water be swallowed it increases the gastric uneasiness and distress."

Under the head of differential diagnosis there are discussed the subjects of croup, scarlatina maligna, and gangrenous pharyngitis. As regards croup, the line is to be drawn between its pseudo-membranous variety and laryngeal diphtheria. This Dr. Ludlam does as follows:

"The pseudo-membranous form of croup, is a much more rare and dangerous variety of the disease. But, I apprehend, the diagnosis between this and the diphtheria is equally distinct. In the first place, it is so seldom witnessed, that some physicians of enlarged experience have not been called upon to treat more than a very few examples of it. It is a local affection, which is confined to the larynx and trachea—is not infectious, neither malignant in its nature, and varies in its more characteristic symptoms and sequelæ from diphtheria.

"The dyspnœa in croup is paroxysmal, and invariably worse at night. There is a true spasm of the laryngeal and tracheal muscular fibres. At intervals; the patient breathes almost naturally. In a few moments, especially if permitted to sleep, he is in a fit of suffocation again, which, by-and-by, alternates with relative repose. The ease and freedom of the respiratory movements in diphtheria, vary considerably at intervals; but these intervals occur irregularly during the day, as well as at night, and the relief afforded by them is less marked than in the case of croup.

"There is no eruption in croup—no acrid coryza, no especial liability to hæmorrhages from the mucous membranes, no purpura, no alimentary disorder, and, excepting in very rare cases, no albuminuria. The glands about the neck are not swollen, and paralytic sequelæ are almost unknown as a result of this disease.

"The true croup has never been communicated by inoculation upon mucous or abraded surfaces, as has the diphtheria. No one speaks of croupal deposits in the right side of the heart, upon the alimentary or uterine mucous membrane, or upon the surface of ulcerated or wounded cutaneous integument. Such peculiarities of the diphtheritic deposition are by no means rare."

To this is added that in croup the false membrane is fibrinous, while in diphtheria it is albuminous in its character.

In the fourth lecture Dr. Ludlam sums up concerning the nature and etiology of diphtheria. His views on these points may be inferred from what has been already cited from his pages: they are those of the great body of European physicians. In the same lecture, the sequelæ, mainly the various forms of paralysis, are described and illustrated from personal experience.

We now come to the important subject of treatment,—the consideration of which occupies Dr. Ludlam's fifth and last lecture. Not only is the proportionate space allotted to the therapeutics of the disease hardly, to our thinking, adequate: but we miss in it the savour of practical experience which we have noted in the preceding lectures. It is arranged, moreover, in an unsatisfactory manner; the remedies being considered as they are appropriate, first to the febrile symptoms, then to the cerebral disorder, then to the symptoms of the mouth and throat, then to the odour of the breath (!), then to the coryza, then to the gastric and alimentary disorder, then to the eruption (!), the urinary symptoms, the debility, and the hæmorrhage. In this multitude of aspects, the progressive treatment of the ordinary types of the disease is lost sight of.

Under the head of fever, the indications for Aconite, Belladonna, Gelseminum, Rhus, Baptisia, and Bryonia, are given. Should the excitement of the circulation in this disorder ever require a remedy, we should have most confidence in Gelseminum, on account of its great efficacy in the remittent fever of children, to which the fever of diphtheria bears a close analogy.

Phosphorus, Belladonna, Opium and Conium are recommended for the cerebral symptoms proper to each. The indications for the last named drug are novel, and seem drawn from experience. "Conium maculatum," it is said, "will sometimes produce the most happy results in soporose conditions of the brain in diphtheria, especially in those cases in which, from the blue, cyanotic appearance of the skin, we infer a torpidity of circulation in the venous capillaries."

Coming now to the important "Mouth and Throat Symptoms," Dr. Ludlam discourses upon Mercurius in its various

forms, Iodine, Cantharis, Kali Bichromicum, Tartar Emetic, Rhus, Arsenici Iodidum, Baptisia, Nitric Acid, Apis, Baryta Carbonica, and Belladonna. This is the best portion of the lecture. The power of Mercury, Cantharis, Bichromate of Potash and Tartar Emetic to produce false membranes is proved by quotations from various authorities. A high opinion is expressed of the Proto-Iodide of Mercury as superior to the Biniodide and other salts in the severer forms of the throat affection,—to which, indeed, it is considered the most suitable remedy in ordinary cases. It is recommended to be given in the 2nd or 3rd trituration. The Bichromate of Potash, in the 2nd or 3rd decimal triturations, is to be given in place of the Iodide of Mercury where the deposit forms upon the respiratory mucous membrane. Theoretically, we quite agree with Dr. Ludlam in his recommendation: but we should be glad to know his grounds for regarding this drug as “almost a specific” in such cases. Does he mean us to infer that croupal diphtheria usually recovers under his care? If so, his experience is far more satisfactory than that of practitioners in this country. We ourselves have witnessed in one case of this kind strikingly successful results from the Bichromate: but in our next case, the indications for the drug being equally strong, it failed utterly. The Iodide of Arsenic is recommended as a valuable remedy when the exudations in the mouth and throat assume a putrid character. We have always met with disappointment from Arsenicum in diphtheria, however decided the symptoms which usually call for the administration of this medicine. Perhaps in the form of Iodide it may be more efficacious. Of Rhus our author does not seem to speak from experience: but we have been informed by an antipodal colleague that the mother-tincture of this drug has been of the utmost service in his hands in cases of malignant diphtheria. The predominance of the signs of blood-poisoning would seem the best indication for its use. Baptisia is a remedy of the same character, but we doubt if of equal power. Belladonna is mentioned in this category; and the usual indications given for its administration: but we do not think that sufficient value is attached to it as a remedy in diphtheria. We think we have seen more decidedly

curative results from Belladonna in diphtheria than from any other medicine.

For the albuminuria, Mercurius Corrosivus, Phosphoric acid (qy?), and Arsenicum album, are the medicines recommended; the preference being given to the first-named. Cantharis is recommended where the microscope reveals shreds of diphtheritic deposit, rather than true tube-casts in the urine. Dr. Wade, of Birmingham, who shares with our own Atkin the honour of having been the first to call attention to this important complication, recommends the promotion of perspiration, and the free use of diluent drinks, as the best prophylactics against its recurrence.

China and Cantharis are Dr. Ludlam's remedies for the prostration which remains after the storm of diphtheria has subsided.

A few words are added upon the local, hygienic, and surgical treatment of the malady. All local applications, except those of a soothing character, are discouraged. Steady nourishment is urged: but not a word said upon the important question of the administration of stimulants. Surgical expedients—as tracheotomy—are considered worse than useless.

In conclusion, we have to thank Dr. Ludlam for his contribution to practical homœopathic literature: and to hope that should his work reach a second edition, he will tell us more of his own experience with drugs, and devote more space to the all-important general management of the patient.

## MISCELLANEOUS.

### *Homœopathy in the Sandwich Islands.\**

At the last annual meeting of this society I was invited "to give a succinct history of my voyage to the Sandwich Islands, together with my experience as physician to the Marine Hospital for American Seamen located there, and the treatment of the diseases peculiar to that station."

\* From the *North American Journal of Homœopathy*.

The history of a sea-voyage is attended with so few incidents worthy of note, that it would be difficult to gather items of sufficient importance to make it interesting, especially on the Aspinwall route. We left the City of New York the first day of February, at one o'clock, P.M. After passing Sandy Hook, the ship was put on her course for the east-end of Cuba, which was south one-half west, allowing the variation of the compass. After running one thousand miles we came to the east-end of Cuba, within one-quarter of a mile of the shore. Doubling around the island, the ship bore up S. by West one-half W. This course was continued through the Carribean sea to Aspinwall, distance from New York 1978 miles.

Of this place little can be said in commendation. To a stranger who has never witnessed the tropics, he would find much to please and interest him in examining the tropical vegetation. Here we take the cars for Panama, distance forty-seven and a half miles. This breaks up the monotony of sailing, and prepares us for a longer and warmer voyage on the Pacific. From Panama we ran south to  $7^{\circ} 8' N L.$ , then changed our course to Accapulco, thence to San Francisco, distance 3257 miles. On the Atlantic side we passed a few sails, but on the Pacific none. After passing the Golden Gate, we entered the harbor of San Francisco. It would be a waste of time to give a geographical description of this beautiful harbor, as there has already been published a much better description than I can give. I left San Francisco in the ship *Mary Whitridge*, Captain Cressey, a beautiful ship, and gentlemanly commander. This being a sailing vessel we had to shape our course according to the wind. The true course from San Francisco to Honolulu, S. W. by W. one-half W., distance 2225 miles. In order to catch the trade-winds, we had to run up west as far as possible. On the fourteenth day after leaving San Francisco, we came in sight of the island of Oaho, one of the group, on which the city of Honolulu is located. Nothing transpired during the voyage to break the monotony, not a sail did we pass during the passage, but we amused ourselves as best we could by watching the graceful albatroses as they sailed over the water and the spouting of the whales.

Honolulu is the seat of government of the Hawaiian Islands. The palace of King Kamehameha the Third is situated in the eastern part of the city, and is fitted up in good style, not equal to the crowned heads of Europe, but I have no doubt it contains as honest hearts as any of them, and more unassuming. The harbor at Honolulu is situated on the S. E. side of the island, and is one of the best harbors around the islands, large enough for three hundred ships of the largest whalers, and safe from any storm from any point of the compass.

I might give a description of the islands of Mani and Hawii, with their craters and mountains, but will refer the reader to a description already published, and turn to a subject more interesting to the profession.

The Hospital for American Seamen at this port is under the control of the consul of the U.S. - He appoints the physician and purveyor, the physician has a salary of \$4500 per annum, the purveyor has a *per diem* fee for each man in the hospital. Thus to him it makes quite a difference whether the hospital is full or has but few. When I took charge of the hospital, I had sixty-one patients on my first prescription-list, the most of them had been in the hospital for many months and some for several years. The majority of them were suffering from rheumatism, the result of bad treatment of syphilis by the excessive use of mercury. In addition to the above there were fourteen sent from Lahaine and Hilo; these hospitals were abandoned by the government, and all seamen from either port are sent to Honolulu.

During six months there were forty from on shipboard and on shore sent to the hospital, making in all one hundred and five patients. There were five deaths, three of consumption, one of paralysis, dropsy and heart-disease, and one lunatic. Sixty-nine cured and discharged. These were sent home, or have shipped on board of different vessels in the harbor, leaving but thirty-one at the end of six months, and one of these deserted because I left; he said he would not stay and be drugged any longer under the old system. Thus I reduced the number of the patients one-half over and above all the accessions. This was not profitable for the purveyor and consul,

consequently I was discharged. I will remark here, that not a solitary case of primary chancre, or gonorrhœa, that was healed homœopathically, where any form of rheumatism followed, but were free from all these affections and were sent home sound, or returned to ship-duty. This is an important consideration for the sailor, but not for the purveyor or consul. The success of the homœopathic practice exceeded any that had ever been instituted in that hospital, as the steward informed me, and he had been connected with that institution for over ten years. It must be borne in mind, that many of these cases had been in the hospital many months and some for years. The most troublesome cases that I had to deal with were of gleet. There were many cases of gleet, that had been in the hospital from three to six months, their systems filled with drugs of all kinds, and the many membranes of the urethra destroyed by the Nitrate of Silver.

Gonorrhœa in the first stage is readily cured by a proper application of remedies. The majority of these yielded at once under the use of the tincture of Aconite and Cannabis, given in drop-doses, alternating at first every four hours. As soon as an improvement commenced, then six hours; if the improvement still continued, in the course of twenty-four hours, put the remedies off to eight and twelve hours; and at the same time use freely cool water, both washing and by injections. In some cases, when the irritation was very severe, it produced chordee; I then gave Cantharides first dec. att. with a decided improvement. I used in some cases an infusion of Hydrastin for injections, which seemed to allay the inflammation and facilitate the cure. In all cases of gonorrhœa, in order to effect a speedy cure, *absolute* rest and quiet is indispensable. All spirituous liquors or stimulating drinks should be avoided, and vegetable diet used mostly.

If this course of treatment is strictly carried out, it will cure nine cases out of every ten, without running into a chronic gonorrhœa or gleet. Some cases of gleet that fell into my hands gave me a good deal of trouble. Their systems were filled with drugs, and in some cases the mucous membranes were destroyed by the Nitrate of Silver. In two or three

cases of sub-acute gonorrhœa I gave this with a decided improvement, and in other cases, where it seemed to be clearly indicated, I gave it without any response whatever.

An infusion of Hydrastin by injection and Biniod.-merc., or Muriate of Platina, seemed to be the most reliable of any course of general treatment. In other cases this had to be varied. The Petroselinum seemed to mitigate, but never have I found it reliable in any case, when the indications seemed to require it. Balsam Copaiva in the third attenuation, where this remedy has not been abused by allopathic practitioners, would do good service. In all cases of gleet the physician must *feel* his way along, and give those remedies which seem to be the most clearly indicated, and wait patiently the result and at the same time keep up the confidence of the patient. This last course I could never pursue, follow Dr. Attomyr in his treatment of venereal diseases, as recorded by Laurie, to give one dose of Cannabis and wait four or five days before it was repeated. Once or twice a day was as long as I thought any case required for a repetition, in chronic, but acute cases four hours was my general practice in gonorrhœa.

Syphilis in all its different forms, and in all its different stages, constituted a great share of the practice in this hospital.

I had but six or seven cases of primary chancre, while I had charge of the hospital, and these were readily disposed of under the following. For the common or Hunterian chancre, when the chancre was fully developed, give one grain of the second or third attenuation of Merc.-sol., at first three times a day. If any general inflammatory action, a few doses of Aconite, if no febrile symptoms, but shooting and lancinating pains, give Belladonna,—these would soon allay all inflammatory symptoms. As soon as the chancre commences to soften or the edges flatten, then give but one dose per day of the Merc.-sol. In from six to eight days the chancre would begin to show healthy granulations. When this is well established, then give Merc.-sol. every second day. To the chancre I use suitable water-dressings. Soft lint wet in tepid-water is preferable to dry lint, as recommended by some. I have in cases



where there was a burning, twinging pain, wet the lint in lime-water, which relieves the burning in a few hours.

I would caution all practitioners not to use any mercurial preparation in the dressings, especially Calomel. (*Submur.-hydrarg.*) I have never known a case where this was used without constitutional effects. Showing itself on the gums, tonsils, tongue, or on the inside of the cheeks, sometimes breaking out in pustules over the whole surface. (*Syphilides.*) But in the use of simple water, or occasionally lime-water, (*Aqu.-calc.*) I have never known constitutional difficulties to follow. I mention these facts for the especial benefit of the younger members of the society, hoping they will be profited by the suggestions.

The phagedenic chancre requires somewhat different treatment from the Hunterian. In order to allay the excessive burning and gnawing pain, Arsenicum and Merc.-corrosivus will be the leading remedies with the application of the lime-water, which of itself is a clear indication. In one case, when the chancre was behind the gland, reaching about one-quarter around the penis, a horrid burning, gnawing pain threatening a destruction of the parts, I gave Ars.-alb., third, three times a day for three days, which reduced the burning; the fourth day I gave Merc.-cor., third, morning and evening. This I continued four days, and then once a day for ten days,—for the next three days I suspended all medicaments. Finding no improvement during this interval, I then gave Biniod.-merc., second, mornings, and Hyd.-potash evenings, and water-dressings; improvement followed rapidly, and in about four weeks the chancre was entirely healed and no constitutional disturbances followed. I would here remark, that of all cases of primary chancre which I have treated, either Hunterian or phagedenic, not one has shown any form of constitutional disturbance, not even rheumatism following; and not one, where a bubo continued on to suppuration, but gradually passed away without any inconvenience.

I have seen several cases when Calomel has been applied to a chancre and healed and dried up, and in four or five years the bones of the palate and nose would become diseased and destroyed.

One patient came to the hospital from Lahaina, had been there about six months, the bones of the palate almost destroyed, even then discharging freely from the openings, two of which I could pass my finger through. -He told me, that there were no signs of the disease until the last eight months, that it had been five years since he was treated for the chancre; and the physician put on dry Calomel, which healed up the chancre in three or four weeks. Thus for five years was this horrid disease lurking in the system until it located upon and destroyed the bones of the palate.

If it will not weary your patience too much, I will relate one case of tertiary syphilis, which came under my care in the hospital the last quarter. This case is a little more interesting from the fact, that the purveyor bet fifty dollars that he could not be cured.

A Portuguese, about thirty years of age, had been in the hospital at Lahaina for eighteen months, during this time he passed through all stages of the syphilitic virus. When he arrived in Honolulu, the first day of July, he exhibited the most loathsome and disgusting appearance. The right side of his face was covered with a most foetid ulcer of the tertiary form of syphilis; it developed itself over the right eye, down the outer angle and under the eye to the nose, extending to the mouth over the whole cheek, leaving the malar-bone entirely bare and dry. There was carious affection of the frontal bone, extending over the right eye around to the temporal bone; the malar and nasal bones were more or less destroyed by the disease. The right eye was entirely closed. These ulcers were discharging a very foetid and offensive watery fluid, and had a dark-red appearance. In addition to all this he had dropsy of the abdomen (ascites), and was greatly bloated, from which he had suffered for the last six months. The ulcers were very painful; darting and *gnawing* pains, burning through the whole of the ulcerated surface, as he expressed it, as if there were "red-hot needles sticking in the ulcers."

For these symptoms I selected Ars.-alb., third, three doses a day, for three days, which greatly relieved the burning and mitigated the pain; but he was not relieved from the pain

wholly, until he took Belladonna, third, three or four doses. After these two remedies had ceased to improve, I gave Acid-nit. morning and evening; improvement followed; after the first week I gave but one dose per day, for two weeks. Under the action of these remedies, the ulcers put on a more healthy appearance, until the end of three weeks, when I could not discover any improvement. I then gave Aur.-muriat.. second, one dose per day. This seemed to stop all progress of caries, and the whole case looked favorable. I continued this remedy three weeks, with occasionally a dose of Sulph., sixth, The healing of the ulcers was steady and permanent. His general health improved, appetite good. The digestive organs completely restored. The urinary secretion became normal, he gained strength and flesh. A few doses of Hepar.-sulph., and Ars.-alb., sixth, at intervals of three or four days. These last remedies removed all symptoms of dropsy and venereal disease about him. Thus in the space of four months, he was rescued from destruction by this loathsome disease, which was destroying him like a cancer. A more grateful person I never saw.

This is not the only case where homœopathy triumphed over allopathy, and not the only case where tears of gratitude flowed freely for the benefits received of the glorious system of homœopathy, whose still small voice carries so many blessings to suffering humanity.

### *Homœopathic Pharmacy.*

On reading the published proceedings of the last meeting of this honorable body, I discovered that a report was asked from me upon the topic of "Uniformity in Medicinal Preparations." Considering the fact that a similar subject, and one including that just named, was referred to my able and experienced contemporary, Dr. D. D. Smith, I determined to leave that field to his more skilful cultivation, and to put my plough into a neighbouring and related one—that of Pharmaceutical Reform.

This Society, at a former meeting, did me the honor of listening to a few rambling remarks upon this subject, and, while I do not expect in this essay to do more than "stir up your minds by way of

remembrance," I hope to be able to present my ideas in a *form* somewhat more coherent and tangible, trusting that my feeble efforts may at least ripple the surface of this Pharmaceutical slough in which, as a profession, we have long been floundering.

It is high time that this, and sister societies, as well as the American Institute of Homœopathy, should consider and agitate, and set themselves seriously at work upon a subject so vitally important to the interests of Homœopathy in general, to its practitioners as individuals, and to the community at large. Let our pathological knowledge be even perfect; let our symptomatology be never so accurate and complete, still in the trying hour of battle with disease—that most potent enemy of the race—if our *weapons of warfare* are not keen, and bright and strong, we must retreat from the conflict defeated; Homœopathy must be dishonoured, and our patients left a prey to the fell destroyer.

I do not desire to magnify the evils that exist, nor to overrate the importance of their correction; but when you have come near poisoning an unsuspecting patient with the first trituration of corrosive mercury, prepared in a respectable American pharmacy, and labelled *Calcareo carbonica*, as has happened to me; when you are furnished with a trituration of liquorice root for one of *collinsonia*; or a tincture of *sassafras* for one of *ledum palustre*, as has happened to professional friends; when you find laboratories rivaling pig-pens in neatness and garrets in order; when one specimen of medicine is actively poisonous, and another is little stronger than dilute alcohol; when one pharmacist uses the decimal and one the centesimal scale; when homœopathic physicians consent to patronize drug-shops for reliable medicines; when pharmacutists offer tinctures made from dry and worm-eaten roots, at a cheaper rate than a good article can possibly be furnished, and physicians can be found so blind to their own interest, and so foolishly parsimonious as to buy them; when the cry for more uniform and reliable remedies comes up from every quarter of the land with increasing earnestness and more frequent iteration, I ask you, gentlemen of the State Homœopathic Medical Society, is it not high time that some movement should be made for reform?

The fault may not be, and I venture to say is not, wholly chargeable to the pharmacutists. Much of it doubtless, directly or indirectly, lies at the door of the medical profession. Many evils, too, it may be impossible wholly and at once to remedy; but, wherever this distemper lies, and however deep-seated it may have become,

let the wound be probed; let the caustic and knife be handled if necessary; let *something somehow* be done to rid the homœopathic body professional of this chronic complaint.

But it may be asked, should not this matter be left in the hands of the pharmacutists as a profession? I answer, practical pharmacy is, and of right should be, their own peculiar ground; and it is not proposed nor desired to encourage intermeddling with their concerns; but our duty to suffering humanity, and to ourselves, demands that we insist upon reform. For half a century this subject has been neglected by the medical profession; we have been content, blindly, to trust life and reputation to the remedies which have been furnished us; and, as a result, our pharmacy is chaotic and unreliable. I cannot speak from experience, and have not extensively inquired of older members of the profession whether the present state of pharmacy be an improvement upon its condition fifteen or twenty years ago; but certainly, if it has ever been worse than now, the salvation of the sick, and of the reputation of homœopathy, must have been largely due to a special providence.

About one year since, hoping that some concerted action might be successfully urged, this Society passed a resolution, recommending a pharmaceutical convention. I have yet to learn that such a convention has been held; and I am informed by members of the craft that rivalry and self-seeking will do much both to prevent such a meeting and to hinder its harmonious and successful operation.

For many of our pharmacutists as individuals, I have great respect. Some of them, I am happy to say, are educated and conscientious gentlemen, of age and experience in their business. They have a practical knowledge of minutiae in the preparation of medicines which it would ill become me or practitioners of medicine in general to criticise. But they also number in their ranks men who are both ignorant and unscrupulous. Now, to rid themselves of base competitors, to establish thereby a claim to the respect of the medical profession, to settle upon uniform methods of medicinal preparation, as well as for the general advancement of science, I respectfully submit, that they should at once establish an American College of homœopathic pharmacy, and I ask this Society by all means in its power, to urge and insist upon the formation of such an association. Its institution would be a great and hopeful stride toward practical pharmaceutic reform.

But not only does our pharmacy require practical improvement; reform in theory is loudly demanded. Half a century has elapsed

since the immortal Hahnemann propounded his theoretical views of disease—its cause and cure. And while those views comprehended sufficient truth to shake ancient medical creeds to their deepest foundations, and to institute what may be appropriately called the “Great Reformation” in practical medicine; still both experience and experiment have gradually developed the fact that the genius of our great leader was sometimes erratic as well as splendid, and that it has burthened the triumphant march of that great scientific truth—“*similia similibus curantur*”—with numerous errors. While, therefore, we render richly-merited homage to his brilliant intellect, his great acquirements, his unselfish and unexampled devotion to the development and establishment of the law of cure, the progress of scientific discovery compels us to dissent from many of his doctrines. There is a disposition rife both among the bigoted of our own school, and common to all our opponents, to make the tenets of Hahnemann the tests of professional brotherhood in the homœopathic profession. Quite as absurd would it be for allopathic societies of the present day to demand from their members adherence to the dogmas of Hippocrates, or Galen, or Cullen, or Brown; men who were giants of scientific genius in their generation, but pigmies in the presence of the novice of to-day. This exclusive spirit on the part of homœopaths brings deserved ridicule upon the profession, and has contributed much to drive from its ranks some of its most valuable supporters. I am happy to say that the folly of such a course is becoming daily more manifest. Chemical, microscopic and spectrum analysis is revealing facts before which the theories and deductions of ancient philosophy are vanishing; which all truth-seekers and truth-lovers must accept; and which the medical profession must receive and adopt, even at the sacrifice of professional pride and prejudice, or expose itself to the scorn and contempt of the world. May the day soon come when, rallying around the standard of “*Similia*,” that immortal law of cure vouchsafed by heaven to suffering humanity, we shall be content to make it our only shibboleth; leaving minor and unsettled points to abide the test of scientific progress.

In the light of views like these, I desire to submit a few cursory criticisms upon theoretical pharmacy, hoping thereby to provoke more able discussions by others, and trusting, though all may not agree with me, that I may not be esteemed altogether a heretic, deserving a professional *auto-da-fé*.

At first, with regard to trituration and dilution, Hahnemann held that each drug contained a spiritual essence in which resided the curative power of each, and that by trituration or dilution this spiritual agent was rendered more free from its material connections, and consequently more active. This purely theoretical opinion was undoubtedly adopted by him as consonant with his preconceived physiological and pathological notions, as well as to explain the supposed increase of power in infinitesimal preparations.—But both physiology and pathology have experienced vast changes since his day. The existence of a vital principle distinct from the soul, which regulated and controlled the functions and nutrition of the body, and a derangement of which constituted disease, was a pet theory of his time. It is reckoned to-day among the exploded humbugs of the past, and whatever disease may be, no one will now contend that it is a spiritual entity, to be met and conquered by spiritual agents. The theory of trituration and dilution has undergone a corresponding change; and, with the exception of a few of the more puritanic and fossilized members of the profession, medicines are now triturated or diluted with the design of increasing their amount of surface, and consequently their activity, or in order to render their particles so minute that they may be readily absorbed, and permeate with ease the finest capillaries of the body, thereby rendering even substances which in mass are insoluble and inert, capable of penetrating to the seat of diseased action, and exerting a medicinal influence upon the tissues. But one of these objects is of any real importance, viz.: that of rendering the atoms of inert substances so fine as to admit of their absorption. The ability to accomplish this by mechanical means having been demonstrated, the other object, that of increasing the surface of the medicinal agent, and its consequent power, is sufficiently attained. Now the microscope shows that even in the case of the metals, which have the greatest cohesion, our process of trituration with sugar of milk renders the particles successively finer up to the twelfth attenuation at least—a result which is abundantly satisfactory, since long before that point the atoms of the most refractory metals are sufficiently minute to penetrate the finest vessels of the human body. This result having been attained, of what conceivable benefit is further attenuation?

It has long been held by homœopathic pharmacutists, that after trituration has failed in the farther reduction of insoluble substances, it may still be carried to a greater extent by means of dilution;



and we are recommended to prepare such dilutions for use, from the third or fourth trituration. Recent microscopical experiments, however, have demonstrated that attenuation by this method is impossible, and that such preparations are of no value. A paper upon this subject was read at a late meeting of the Homœopathic Medical Society of Northern New York, by Dr. Richard Bloss, of Troy. His experiments conclusively proved that the minuteness of metallic particles was not influenced by dilution; and that, in all such preparations, the relative specific gravity of a metal to that of alcohol or water, remained unchanged. The metallic atoms uniformly sank to the bottom of the vessel containing the dilution.

A word as to the dilution of soluble substances: Dr. Dudgeon supposes that even the particles of a tincture may be attenuated by dilution and succussion, upon the same principle which obtains in trituration.\* Positive demonstration of the truth or falsity of this commonly received theory is of course impossible, as the particles of any solution cannot be rendered visible by the highest power of the microscope. There is not a particle of proof that it is true; but, granting that it may be, and that by dilution and repeated shaking we *can* attenuate even the atoms of a soluble substance, the question still returns, “cui bono,” for what purpose? The atoms are already almost infinitely more minute than the most delicate capillary—why should we so earnestly strive to reach a greater attenuation? Aurum and silicea, two of the most obstinate and refractory substances under the pestle in the whole materia medica, are rendered so minute by three or four well conducted triturations, as to manifest a medicinal influence in the remotest and most compact tissues. What object then is to be obtained by attenuating particles already inconceivably finer than these?

But I must drop this subject abruptly here—“in medias res.” The limits of a report like this will allow no such extended discussion as a complete argument would require. If my few hurried and imperfect remarks may serve to induce a more careful consideration of this important topic, I shall be much gratified. Our pharmacy

\* I am not aware of having said so. My words, to which the author perhaps alludes, are as follows: “Now, as regards a soluble substance, there is no conceivable limit to its subdivision; we have no reason to suppose that it does not become equally diffused through any amount of the solvent with which it may be mixed by vigorous shaking,” &c.—*Lectures*, p. 389. (R.E.D.)



certainly needs revision, expurgation, addition, and republication by some one whose ability and experience render him competent to the task. The little manual of Jahr and Gruner, compiled from foreign sources, by Hempel, is I believe our only authority upon the subject; and this mere epitome is both out of date and unreliable. Pharmacutists inform me that it is simply impossible to manufacture some medicines in accordance with its directions, and, in short, that it is not regarded as an authority among them. Let us hope that this chasm in our professional literature may soon be filled."—Dr. Searle, in *Ann. Report of New York Hom. Soc.*, 1863.

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*Clinical Observations on Lachesis.\**

By C. WESSELHÖFT, M.D., Dorchester, Mass.

The articles on Lachesis in the June and July number of this REVIEW, by Drs. Lippe and Dunham, should not fail to call forth the dormant interest of Homœopathists regarding the important questions involved in the "to be or not to be" of Lachesis as a remedy in disease. There are numerous points of controversy yet earnestly engaging the argumentative faculties of the adherents of homœopathy. The study of the relation of curative agents to disease, the endeavours to discover the true nature of curative actions, and the contest existing between the advocates of low, high and highest potencies, continue with unabated zeal as of old.

In bringing up Lachesis for discussion, some new questions arise as yet but little commented upon. We have not yet decided where low potencies end and where high ones begin; we have not yet determined at which point and in which scale of potentization, medicines are most efficacious or absolutely preferable, and now in the midst of these gigantic problems comes another; can a poison obtained and offered for use as a medicine thirty years ago, and not since renewed, still retain its full efficacy? An animal poison, which if introduced into the skin produces immediate fatal results, but which, taken into the stomach, has been and still is believed by many to be harmless.

It appears that the difficulty of solving this question theoretically

\* From the *American Homœopathic Review*.

has led many practitioners to reject Lachesis as a remedy altogether, while, on the other hand, numerous drugs, scarcely proved and known only in connection with certain names of diseases, are daily pressed into the service.

For my part I have used Lachesis like any other well-proved remedy, whenever it appeared to possess a homœopathic relation to the disease. I naturally shared with others the doubts and misgivings so often expressed regarding Lachesis, but since its name was intimately associated with my earliest knowledge of homœopathy, I continue to use it in order that it should speak for itself. The following cases treated with Lachesis, considered alone and unsupported by the experience of others, may prove nothing to those who reject every thing as impossible to which they can not apply a theory. But I have no doubt that if the beginning is once made, others may add new experiences and finally counteract theoretical opposition.

The Lachesis used by me was obtained from the original solution of a portion of the third trituration of Lachesis poison, given by Dr. C. Hering to my uncle, the late Dr. William Wesselhœft, of Boston. From a drop of this solution I prepared the thirtieth dilution, which I have now used exclusively for six years. I am far from recommending the Lachesis on account of its age, for I should infinitely have preferred a fresh preparation.

CASE I.—January 19th, 1859, I was called to visit Carrie P., a child 5 years old, dark straight hair and blue eyes, who was afflicted in her second year with caries of the dorsal vertebræ, resulting in great distortion of the spinal column and thorax, in a manner rendering the development of the respiratory organs very imperfect, leaving the patient feeble though of bright intellect. She had been much petted and indulged in every respect, but enjoyed tolerable health for a year past. Since two weeks previous to above date, she had paralysis of both legs, losing entire control of them, being unable to stand or move the legs with the exception of an occasional involuntary drawing up of the toes. I could not account for this condition satisfactorily, since it did not appear dependent on a further vertebral distortion, but attributed it to the effect of exposure during the very inclement weather. Her parents were in the habit of taking her to ride in all weathers, on one of which occasions she became chilled. The patient coughed during the day, but particularly at night on going to bed; but sleeps well otherwise; appetite good; much

thirst during meals, and drinks much at a time. Complains of pain in the spine, and lies only on her back at night.

Up to February 2nd I had made use of *Rhus*, *Cocculus*, *Sulphur* and *Bryonia*, giving one remedy at a time in one or two doses at long intervals, but without any decided benefit; all the symptoms remaining the same up to the above-named date, when I was summoned to prescribe for the following conditions:

The cough, hitherto slight, had become severe, and was accompanied by febrile excitement and thirst. Respiration was feeble and difficult, with blueness of the face; each coughing turn produced perspiration; expectoration was impossible, and sleep at night much interrupted.

Up to the 6th of February I made use of *Ipecac.*, *Ars.*, *Merc. viv.*, without any perceptible benefit to the child. The parents were discouraged, and I saw little prospect of success before me, when I considered the deplorable physical conformation of the patient. Having been driven to resort to remedies in rapid succession, and cramped in time, I hastily reviewed the leading symptoms, such as the cyanotic appearance of the face with difficult respiration and inability to expectorate; the thirst and the paralysis of the legs which continued as before. Imperfect as the indications were for *Lachesis*, I prescribed that remedy in two doses of the thirtieth dilution, one to be given in the morning and the other at night.

February 8th. I found a marked improvement; cough still continued but almost without dyspnoea. The thirst for cold water I found to my surprise almost abated; sleep at night was little disturbed; at the same time the girl was able to move her legs quite freely and complained of pain in the feet, which I hailed as a rather favorable sign. I gave no more medicine but visited her on the 10th of February, when I was assured that she was as well now as usual, with the exception of muscular weakness. The parents of the patient proposed to start at once on a journey South, against which I protested without effect, but which subsequently proved to have been of much benefit.

CASE II.—Mr. W., a wealthy farmer of this neighbourhood, came to me on the 23rd of April, 1860, saying that he had been told that my medicine "was good for bilious headache," having relieved a friend of his, on the strength of which fact, he wanted "some of the same stuff to cure his bilious headache." For some time I nearly gave up the hope of eliciting any proper information from the man, who per-

sisted in the assertion that he was bilious, and did not see why I wanted to know more, supposing it the simplest thing under the sun for me to hand him "a parcel of stuff good for biliousness." At length I gained the following history from this indurated specimen of allopathic conservatism, on whom old school physicians had repeatedly tried their skill without success.

The patient was at that time 60 years old, measuring six feet in height, of straight athletic frame, with blue eyes, a broad full chest, and stentorian voice. He laboured on his farm from morning till night, and could endure more fatigue than many a younger man, except when his headache came on, besides which he never had any sickness. This headache had troubled him ever since he was six years old, appearing every eight or ten days. The pain habitually began toward evening in the back of his head, at first dull and gradually concentrating with an acute boring sensation behind the left ear, apparently at the juncture of the temporal, parietal, and occipital bones. When the boring pain reached its height, generally toward morning, vomiting of food and slime supervened, accompanied by stitches in the chest, which, lasting for some hours, generally ended the attack, whereupon he felt sleepy and exhausted. Sound sleep and quiet through the rest of the day restored him to his normal condition. In all other respects the man was perfectly well. His diet was nutritious and his habits regular. As far as I could ascertain he used no liquor, but indulged in a number of poor cigars daily, took coffee in the morning and tea at night.

I could give my friend but little encouragement in a complaint of such long duration; but finding him in earnest, I concluded to satisfy him by prescribing something. I gave *Lachesis* 30, four doses in globules, one dose to be taken every other day, followed by *Saach. lact.* to last him some time. I purposely made no change in his diet.

May 6th. The patient came to report that he had had no headache at all since beginning with the medicine, of which he wanted an unlimited supply. I gave him a number of *Saach. lact.* powders.

17th. Patient reported that he had a short attack of headache, but without any nausea or vomiting, and that he had been able to work during the attack.

July 30th. Up to this date the patient had not reported to me: I was much pleased and astonished to find him quite enthusiastic on account of the improvement in his health. Since taking the first set

of powders he had no vomiting at all, and feels that his headache has changed its character entirely, coming in the morning instead of the evening at intervals of two or three weeks, and lasting only through the forenoon without interfering with his work, the exercise of which makes him feel better; while formerly he was obliged to keep in bed and rest for nearly twenty-four hours before he could attend to his business again.

October 6th, December 29th, 1860, and March 31st, 1861. I repeated Lachesis, the patient having experienced a slight aggravation of his complaint at each of these dates.

September 11th, 1861. I made the following memorandum:—Patient had no headache nor vomiting all summer, until yesterday (September 10th), when he was obliged to stand in the water up to his knees for three hours while getting in his salt hay from the marsh, exerting himself in an unusual degree for a man of his age; whereupon he had an attack of the old pain and vomiting during the night. Though Rhus and Calcarea were strongly indicated, I gave one dose of Lachesis.

November 2nd. Patient reports that since the day he last called, he had suffered repeatedly from headache coming on at night and lasting till morning; but vomiting occurred only two or three times for the last two months. Prescribed Lachesis 200 (Lehrmann's preparation) one dose.

March 11th, 1862. The patient came to say that he felt considerably better; that he still had occasional returns of pain of a dull rheumatic kind, but that the real sick headache had not returned since taking the last medicine. The result of the treatment was quite satisfactory, since he had not expected so much benefit. In his own words he considered himself "two-thirds cured." The attacks of pain now occurred only at long intervals, sometimes not for several months, when he would be troubled for a few days with slight occipital pain in the morning, lasting until after breakfast, when it left him well all the rest of the day. Prescribed Nux vom. 200 in two doses, to be taken for two successive nights, which was the last medicine I gave him.

September 9th, 1863. I called on Mr. L. to enquire if any change had taken place. He says he had no sick headache at all since he took the last medicine. As he grows older, he cannot endure the exposure of his occupation as well as formerly. Making hay on the salt marshes late in the season, and driving an open waggon in all

weathers, produces occasional rheumatic pains in his joints, particularly the elbows after pitching off heavy loads of hay. Sometimes these pains extend to the back of his head, where he feels them mostly in the morning, but leaving him entirely after breakfast, when he begins active work.

CASE III. May 17th, 1861, I was called to attend David E., a boy 16 years old, son of parents in affluent circumstances, naturally strong and active, red hair, dark eyes, freckled complexion. I found him in bed, complaining since the day previous of acute cutting, stinging pains, radiating from the navel over the upper portion of the abdomen, rendered excruciating by the slightest touch, as well as by motion, with tympanitic distension of abdomen. There was headache, particularly on moving the head; much thirst, dry heat of the skin, constipation, pulse hard, though not remarkably frequent; the entire symptoms indicating a marked case of peritonitis. I prescribed Aconite 30 in water, a teaspoonful to be given every three hours.

At my visit that evening, I found the patient in much the same condition as the morning and complaining of pain on deep inspiration. I left Bryonia 30 to be used instead of Aconite, in case there should be no improvement during the night.

May 18th. Febrile excitement very much diminished, pain somewhat less severe; abdomen still excruciatingly sensitive to the touch, less on motion. Continued Bryonia in water, every three hours.

May 19th Abdominal pain more severe than yesterday; the patient lies on his back only, and describes it as cutting and gnawing, but has some appetite and much thirst. Tongue is dry, with brown coating in the centre; constipation continues; the aggravation of the pain and general discomfort takes place in the afternoon and evening. The pain is increased by every motion of the body. Lachesis 30 in water, a teaspoonful every three hours.

May 20th. Patient says that his pain lessened in the night, allowing tranquil sleep, followed by decided improvement in the morning; he feels no pain when keeping quiet, neither does motion cause its return; still there is considerable sensitiveness on being touched. Continued Lachesis every four hours.

May 21st. Pain still less than on the previous day, and now very slight; patient can bear considerable pressure upon abdomen by the hand, and can change his position and move in bed without any pain, while just previous to the exhibition of Lachesis the mere approach

of the hand toward his abdomen caused him to shrink. Nevertheless there was rather more hardness and tympanitic distension (*Lachesis* aggravation across the epigastrium). I hesitated to prescribe another remedy, since the patient was evidently out of danger and quite cheerful; but finally decided to give *Belladonna* in water, every four hours.

May 22nd. I found the tympanitic distension reduced to a slight degree and, what remained of slight pain, limited to a small spot near the navel. The costiveness, indicating a participation of the intestines in the inflammation, still remained. For this I prescribed two doses of *Nux vom.* 30, after which no more medicine was needed, the bowels moving soon afterwards, and on the 28th the boy was well enough to go about out of doors.

CASE IV. On the 20th of August, 1862, I was called to attend Mrs. P., a lady about 30 years of age, who after three abortions had now reached the eighth month of pregnancy, during which time she had enjoyed much better health than for years before. She is of stature rather below medium height, of dark complexion, straight black hair, and, like other members of the family, subject to swelling of the glands and inclined to morbid discharges from the mucous membranes. I found her suffering from a pustular eruption of the back, legs and particularly about the ankles, consisting of isolated pustules, rapidly filled with sero-purulent matter and surrounded by an inflamed halo. The pustules varied from the size of a pea to that of a five cent piece; these soon dried into dark hard scabs, which were easily knocked off by accidental friction or scratching, leaving red moist surfaces extremely sensitive to contact with the atmosphere or bed-clothes. The itching was intense, almost driving the patient to distraction, mostly during the night and also by paroxysms in the day time; often changing into a severe burning stinging sensation, so that she could not refrain from tearing her skin with the finger nails. Aside from these symptoms the legs and feet were so painful that standing or walking was out of the question; at the same time she found it impossible to keep the limbs quiet in the warmth of the bed. The pustules continued to come in small crops, so the skin was dotted at the same time with incipient pustules, numerous old scabs and denuded ulcerating spots. Many of the scabs were encircled by a rim of detached cuticle, enclosing a quantity of purulent serum.

I was at first undecided whether to class this affection as *Rupia*

(or Rhypia) or Ecthyma, to which latter form, however, I thought it to have most resemblance, since I could not distinguish any bullæ, said to characterize the former species. The pustules, in this case, were rather conical in shape, and difficult to observe owing to their rapid degeneration into scabs and ulcers. Little importance, however, should be attached to names of these diseases, since they do hardly more than to point to large classes of remedies, which, after all, can only be selected according to the most prominent subjective and objective symptoms.

From the 20th of August to the 30th of September, I used Lachesis, Rhus, Thuja and Arsen., without permanent benefit. Rhus, administered on the 27th of August, was followed by a perceptible improvement, lasting only about two days. Arsen. 30 failed to have any effect, while the tenth dilution of the same remedy produced so much improvement that the patient was able to stand, walk without pain and to take a drive. For nearly a week I considered the case as cured, but my hopes proved to be unfounded, the eruption having gradually increased again up to the 20th of September, when I found it present in full force in spite of a repetition of Arsen. 10. I found the patient complaining much; some new pustules had appeared; at the same time many of the older ulcers and scabs were surrounded by a blue halo. The veins of the legs, much enlarged in consequence of the existing pregnancy, appeared unusually blue and knotty, giving to numerous sore places almost the appearance of incipient gangrene. Itching, burning and stinging pains had also set in again with their former severity. Lachesis 30, in three doses, to be taken morning and night.

September 24th. There is a decided improvement, exceeding that of any previous occasion. During the past four days the eruption was almost entirely dried up, and was now leaving the skin to assume a healthy appearance. The patient now enjoyed her nights' rest, could move her limbs and bear her weight upon her feet without any suffering, though subjected to the severest test, occasioned by the illness of one of the children at this time with inflammatory rheumatism, requiring constant watching and physical exertion on the part of the mother, who continued quite well and equal to her task. On the 15th of October, she gave birth to a healthy well developed child.

Though the description of this case might properly be concluded at this point as far as Lachesis is concerned, there is still a sequel



worthy of a few remarks. Visiting the patient on the 31st of October, I learned that she had suffered repeated attacks of a papular, itching eruption, which was now so troublesome that it became necessary to rid her of it by medicine, since it evinced no disposition to depart of its own accord. Examining the humour carefully, I found it to consist of numerous elevated nodules of a whitish appearance, surrounded by a red halo; these were scattered over the whole body and itched intolerably, subsiding somewhat in the day time but reappearing at night, disturbing sleep. These symptoms I found corresponding to Antim. crud., of which I gave three doses of the thirtieth dilution, a dose to be taken every night and morning. The result was an almost immediate relief; the eruption disappeared after taking the second dose, and did not appear again, the patient enjoying comfortable sleep every subsequent night.

The variety of forms assumed by the disease, led me to consider it worthy of a minute description. I claim for Lachesis the cure of the ecthyma with as much justice as relief can be attributed to the use of any remedy ever applied in disease. The subsequent appearance of the papular eruption, popularly known as nettle-rash, proves the protean character of skin diseases. It appears that a severe variety of skin diseases may pass into a milder form before finally leaving the organism in a healthy condition; but the transition was in this instance undoubtedly achieved by the specific influence of Lachesis.

CASE V. On the 27th of October, 1862, Mr. Alfred T. came to consult me on account of chronic irritability of the fauces. The patient is of medium height, 25 years of age, of a healthy family; of fair complexion, muscular and accustomed to out-door exercise and horse-back riding; hair dark, eyes blue. This young man had been afflicted for nearly a year with an irritable condition of the fauces of which he took but little notice for several months, but the disease gradually increased to such a state that its effects became very apparent to his friends, who advised him to consult a physician. Upon examination I found the uvula elongated to such an extent that in its most contracted state it would touch the tongue. The mucous membrane covering the uvula, appeared hypertrophied into an elongation, extending about a quarter of an inch beyond the muscular structure, creating a constant inclination to hawk and scrape the throat, thereby exciting the mucous secretion, which in its turn increased the efforts to clear the throat. The fauces appeared

redder than in health, or rather of a purpleish hue ; the tonsils were but slightly enlarged. The patient, whom I had known well for several years, had become visibly emaciated, his countenance was pale and wore an anxious haggard expression ; night sleep was interrupted, appetite and strength were impaired, all of which he attributed to the constant hacking and coughing produced by the irritability of the fauces, now extending to the larynx and trachea. Besides this I could not discover any disease of the respiratory organs. In addition to the above symptoms there was a feeling as if the parts were swollen, some soreness on swallowing, and a frequent sensation as if a small crumb had got lodged in the throat, which it was impossible to remove by coughing. Prescribed Lachesis 30 three doses of a few pellets each, one to be taken every night and morning.

I saw the patient again ten days after he had taken the medicine. Upon examination I found the throat almost well ; the purple hue had nearly disappeared ; the uvula no longer touched the tongue, nor adhered to the sides of the tonsils as before ; the hacking cough had subsided. I prescribed two more doses of Lach., soon after which the patient recovered completely and has continued so up to the present time.

CASE VI. Mr. C. H. consulted me on the 20th of May, 1863. The patient is 22 years old, married, of very fair complexion, with light hair, blue eyes and excellent teeth. He had served as adjutant during fourteen months in one of the volunteer regiments sent from this State, but was obliged to leave the service on account of ill health. At the time of his first interview with me, he complained of certain throat and chest symptoms, such as hoarseness and soreness of the chest, which he had contracted while camping in the open air during wet and cold nights. I prescribed Carbo veg. and subsequently Phos., after which he improved somewhat ; but on the 17th of June, certain aggravations occurred leading to the following disclosures : In the autumn of last year, this patient had contracted a chancre on the penis, which was promptly suppressed by repeated doses of calomel. Though his health was not good after this scientific treatment, he continued in the military service for some time longer before giving up fairly ; but the secondary symptoms of the suppressed venereal disease soon began to appear. For months previous to seeing me, he had observed upon his fore-arms a brownish red exanthematous eruption, consisting of numerous nodules and

blotches, slightly itching and rather painful to the touch. More recently his legs, from the knees downward, began to be covered with purpleish and blueish black circular spots, varying from the size of a pea to that of a five cent piece; very painful to the touch, at the same time the entire lower portion of the legs pained him as if they were severely bruised.

Up to the above date he had been able to attend to his business in the city, riding there and back in the horse-cars; but soon the increased severity of his disease obliged him to stay at home. He feels pretty well until ten, a.m., then his head becomes hot, and perspiration breaks out after the least exertion; there is but little thirst; after a short paroxysm of chills the pulse rises to 112 beats per minute; appetite ceases after the first mouthful of food; complains of febrile heat, with restlessness all night, abating about three o'clock in the morning. Dull rheumatic pains in the right knee and the calves of the legs, rendering standing and walking very difficult; the pain ceases for a time while sitting but soon returns. Since the eruption appeared, he suffers less with headache than formerly. There is considerable pain in the fauces during deglutition; talking causes his throat to ache; the left parotid gland is enlarged. Ocular inspection of the throat reveals only slight vascular redness of the fauces and some enlargement of the tonsils there is expectoration of yellow mucus without cough, particularly in the morning, accompanied by dyspnoea. The patient is so feeble that the least exercise produces complete exhaustion, causing him to lie down most of the time. Prescribed Bryonia 30 in a glass of water, to be taken four times a day.

On the 21st of June, the patient reports relief. The chills and heats do not set in until four o'clock, p.m., lasting until seven, after which he sleeps comfortably; the pain in the knees is gone, but continues unabated in the calves of the legs. For two days he has been troubled with frequent micturition, urine limpid and pale. The head is hot, while the hands and feet are cold; little thirst. Prescribed China 30 in water, every three hours for two days.

June 23rd. The fever which Bryonia had moderated, was completely subdued by the China, the frequency of pulse and temperature of the skin were normal, but the red nodular eruption of the arms, and the blue spots on the legs were more apparent than ever. The pain was excruciating in the knees and calves, the latter feeling quite hard to the touch; an attempt to bend one of the knees caused the

patient to cry out; by a great effort he could just hobble over the floor with the aid of a cane. His perspiration emitted an odour like that of putrescent urine, his breath was likewise very offensive; sleeps all night but is restless; prostration after slight exertion and desire to lie down are prominent symptoms.

There is no doubt in my mind that this was a syphilitic exanthema. The fact that the eruption on the arms differed in appearance from that on the legs, rather corroborates the supposition. I have every reason to believe that the patient during his illness while in the army had been treated liberally to Quinine, besides the Mercury, which produced this peculiar variety of syphilitic affection. The febrile symptoms undoubtedly were connected with the skin disease, but hardly constituted an eruptive fever, since the nodules and spots had been present for months without any febrile aggravation to my knowledge. I prescribed Lachesis in three doses, one to be taken every night and morning.

It was during the warm fine weather, with an unusual degree of moisture in the atmosphere; the previous abuse of Mercury, the peculiarity of the rheumatic pains, with prostration and easy perspiration, and the nodules on the forearms all pointed to Lachesis, as well as the peculiar or blueish black colour of the spots on the legs, which had served as a chief indication in the case of ecthyma above narrated.

June 26th. I find only this brief notice in my memorandum book:—The patient is much better in every respect; has very little pain in the legs, walks briskly across the room without lameness; erythematous spots on arms and legs are vanishing; appetite much improved; his countenance looks fresh and animated. No medicine.

July 1st. Patient has no more pain; spots have entirely vanished; feels very well indeed, and is anxious to go about his business as a clerk in a Government office. Almost three months have elapsed since that time, and the patient has been perfectly well ever since and is anxious to join the army again.

CASE VII. Mrs. P., the same patient whom I had treated for ecthyma, as described in case IV., was delivered on the 15th of October, 1862, of a healthy female child, after a natural labour of short duration. She had borne four children previously at the full period of gestation, but had suffered three miscarriages at about the third month of pregnancy, previous to her last confinement. She had scarcely been able to nurse any of her children owing to the

want of milk, the secretion of which generally subsided completely after the second or third week ; whereupon she was obliged to resort to the nursing-bottle. Attributing this deficiency of milk to the habit of her former allopathic physician and nurses of deluging her for weeks with odious concoctions, very properly known as slops, of which she was urged to imbibe huge bowlfuls, including quantities of tea, for the purpose of "making milk." I substituted a more nutritious diet at the end of ten days or so after her confinement, passing gradually from light gruel to bread and butter and light cocoa, good beef and mutton broth, and eventually tender roasted meats with vegetables, allowing cold well-water, and only two or three cups daily of warm infusion of the roasted and cracked cocoa beans. By these means and the occasional use of Puls. or Calcareo carb. the patient was enabled to nurse her child for six months, after which time the milk, though still secreted in moderate quantity, became thin and did not afford sufficient nourishment for the vigorous child, which was then weaned and accustomed to pure cow's milk.

On the 17th of June, 1863, the mother consulted me on account of the following symptoms :—The menses had not returned although the child had been weaned for nearly three months ; severe aching in the small of the back ; every two or three days she had acute colicky pains low in the abdomen, resembling labour pains, attacking her unexpectedly at various times of the day. These had been her chief complaints from the time of her confinement, and were apt to be produced by eating ; (nearly five months ago these pains were relieved completely by Phos. 200 and did not return until she weaned her child). Besides these cramp-like-cutting pains in the bowels, there was a hard aching pain, distinctly referable to the uterus, which was not the case with the other distress. Appetite very variable, either strong or wanting ; frequent sinking, fluttering feeling in the epigastrium. The bowels were moved every day, but the stools were quite loose. For a number of weeks she complained of great sleepiness, the ordinary amount of sleep did not satisfy her, so that she felt a constant inclination to lie down. Sleep in the day time aggravated the abdominal pains. I gave Lachesis, a few pellets to be taken for two successive nights.

June 24th. Since taking Lachesis she had no more abdominal pains, and now feels bright and happy on account of the relief from her distress, yet the other symptoms remained. I, therefore, prescribed two more doses of Lachesis to be taken as above.

June 26th. The menses appeared without any inconvenience, but rather profusely; the backache and sleepiness subsided, and the appetite became quite normal, the regular meals being much enjoyed by the patient.

The rather unusually protracted absence of the menses regarded in connection with the unnutritious milk, the colicky pains with loose discharges, sleepiness, aggravation by sleep, &c., certainly pointed out Lachesis as a remedy, and I was quite satisfied with the result.

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*Proving of Gnaphalium.*

*Species:* Polycephalum, Uliginosum, Margaritaceum.

*English Synonyms:* White Balsam, Indian Posy, Sweet-scented Life-everlasting, Old Field Balsam, Cud Weed.

*Natural Order:* Asteraceæ.

*Sex Syst.:* Syngenesia superflua.

THE plant is indigenous, herbaceous, and annual, with an erect, whitish, woolly, and branching stem, from a few inches to a foot high. The leaves are alternate, sessile, linear-lanceolate, acute, entire, scabious above, whitish and woolly beneath. The flowers are yellow and tubular; in heads clustered at the top of the paniced, corymbose branches.

The Gnaphalium genus was formerly deemed to contain three species, as indicated above: but the *G. margaritaceum* more properly belongs to the class *Antenaria*; and it was reckoned a member of this genus more from its general similarity than from any strict botanical resemblance. Moreover, the only perceptible difference between the *G. polycephalum* and the *uliginosum* seems to be in development; the former being the more perfect, and thus may be considered the proper type of the genus.

*History.*—It is found in all the northern and eastern parts of the United States and Canada, in old fields and dry barren lands, in old gravel-pits, by the roadside, &c. It flowers in July and August, bearing a whitish-yellow flower. The leaves have a pleasant, aromatic smell, and an aromatic, slightly bitter, and astringent taste.

Allopathically, it has been recommended as a diaphoretic; also in quinsy, and in various pulmonary diseases; in leucorrhœa, and in

diseases of the bowels. The officinal preparation is an infusion. It has been applied as a fomentation to bruises, indolent tumors, &c.

The fresh juice has been deemed anti-aphrodisaic.

From the provings which have been made, we are led to believe that its sphere of action is not extensive; that, in its action on the healthy system, it is generally slow, though its curative effect is manifested with promptness. Its sphere of action seems to be in those diseases dependent upon an irritated or relaxed condition of the alimentary canal,—such as diarrhœa, cholera-morbus, cholera-infantum, and especially the diarrhœas of children occurring during the heat of summer, and characterized by copious watery and exhausting discharges, with or without griping or nausea, and which frequently prove so intractable during dentition. This conclusion is not merely theoretical, but has been confirmed by the experience of many physicians of Boston and vicinity.

In the following provings, we have individualized each case, and given, as exactly as possible, the order in which the symptoms occurred.

*Provings by Dr. Woodbury.*—Æt. twenty-nine; dark hair and eyes; in perfect health. Sept. 10, 1860, took, one hour after breakfast, fifteen drops of a saturated tincture of *G. ulig.* Experienced during the day unusual rumbling (*borborygmus*) in the bowels, with slight griping pains: in the evening, a diarrhœic stool, with uneasiness in the bowels until falling asleep. 11th and 12th, no symptoms; natural stool as usual. 13th, took twenty-five drops on retiring at night. 14th, diarrhœic stool early in the morning, and a second before noon, with pain and rumbling in the abdomen, diminished urine, loss of appetite and taste. 15th, bowels constipated; no stool; urine natural, also appetite and taste. 16th, took fifty drops on retiring at night; diarrhœic stool, very copious and watery before morning, and two more before noon of the 17th. Nausea and pain in the abdomen all night of the 16th; urine scanty as before. 18th, dark-coloured, liquid, offensive stool at the usual hour in the morning: the pain in the bowels continued nearly all day. 19th, bowels constipated, no pain, appetite and taste natural. 20th, ditto. 21st, bowels natural again. 22nd, took a half-ounce of the *G. polycephalum* at night on retiring. Three loose and watery discharges, with great pain and nausea, before morning. 23rd, profuse diarrhœa, attended with great pain in the abdomen all day; urine scanty and red as before; great weakness and prostration as the result of the

diarrhœa. 24th, discharges more natural; less pain. 25th, no symptoms; bowels natural.

I now discontinued my experiments upon myself, as I found that the increased doses produced no new symptoms, but only increased to an uncomfortable degree those developed by the previous and smaller doses.

Mrs. S——.—Gave fifteen drops to each of three children, aged respectively four, six, and eight years, on retiring to night. The two older children had diarrhœic discharges in the morning, and several times during the day following, attended with great irascibility of temper, and pain in the bowels. The youngest had violent vomiting and purging, like cholera-morbus, before morning; and the purging continued through the next day, at intervals of increasing length.

In all three cases, constipation, continuing two or three days, succeeded the diarrhœa; during which time the children were indifferent, almost to aversion, to food, and very irritable.

The children were all healthy and strong.

Mrs. S., aged forty years, mother of the little provers just mentioned, has dark hair and eyes, uniformly well, but inclined to constipation; took, first ten, then fifteen, then twenty-five, drops of the *G. ulig. tinct.*, without perceptible effect; then took sixty drops, which caused a copious diarrhœic discharge, preceded and attended with nausea, pain and rumbling in the bowels. The pain and *borborygmus* continued for two days. She declined to experiment any further.

The medicine was taken by two other provers; but no new symptoms were elicited, although most of those already stated were confirmed by them.

Dr. Chase made several provings of this drug upon himself, in doses of from forty to sixty drops; the results of which were fully confirmatory of those already stated. The same is true of the provings made by Dr. Talbot and others.

Highly satisfactory clinical results, in accordance with the above pathogenesis, have been furnished by Drs. Gregg, Walker, Scales, Talbot, Chase, and others; in whose hands it was remarkably successful in the treatment of cholera-infantum and kindred diseases. (*Publications of Massachusetts Homœopathic Society.*)



*Proving of Kali Cyanuretum.*

Cyanuret of Potash.

*First Proving. Third Attenuation.*

Mr. —, twenty-six and a half years of age, of phlegmatic temperament, hair dark-brown and straight, blue eyes, fair complexion, medium stature, and muscular development. Had formerly been accustomed to smoking; which habit has, however, been abandoned for some time. Habits otherwise very abstemious, and accustomed only to simple diet; making use of neither tea nor coffee habitually.

Dec. 13, 1859.—Took one grain of the third centesimal trituration at quarter before twelve, P.M., after smelling of the phial containing the trituration.

1. Feeling in the nares, like that before sneezing, with a drawing pain in the cheek-bone.

2. Dec. 15.—In the morning, just after rising (up to which time a dose had been taken night and morning), sharp stitch in right shoulder, which occurred several mornings in succession; and was also felt at various other times during the day, though not so well marked.

3. The sleep at night had been restless; confused dreams, which he cannot remember after waking, for two nights.

4. For two days, desire to find fault; crossness almost uncontrollable on entering the room; while the cold, open air produces good spirits.

Here the symptoms ended, and nothing more occurred which could be set down as a symptom. Did not renew the proving until Dec. 15, 1860; up to which time, various circumstances made farther proving of this preparation impracticable.

*Second Proving. First Attenuation.*

The symptoms of the third attenuation not having appeared sufficiently marked, on Dec. 15, 1860, took one grain of first centesimal trituration at ten, A.M.; and continued taking a dose morning and night for four days.

1. Dec. 17.—While riding in the cold air, felt slight shooting pains in the forehead, over the eyes, particularly the left; pains shooting from below upwards in the forenoon.

2. At four, P.M., while walking briskly in the open air, headache in the forehead, dull, pressing, but confined to a small space over the frontal bone.

3. Restless, dreamful sleep all night; could not lie on one side for any length of time.

4. While walking, and during the afternoon, very marked weakness in the lumbar regions, with dull pain and weakness of right and left iliac region.

5. Dec. 18.—At eleven, P.M., severe rheumatic twinges on the inner side of right knee, lasting only a second; the weakness across lumbar region continues.

7. Rheumatic twinges in the knee continue, and have assumed the character of continued pain over the whole right knee; while the twinges continue at intervals of a few minutes for an hour after going to bed, and are felt again next morning after rising.

7. Dec. 18.—All the forenoon, feeling of lassitude; less appetite for meals, though food relishes; but ate less than usual.

8. Toward evening, the feeling of lassitude changes into moroseness.

9. At seven, P.M., while walking out of doors, feeling of crossness. Carries on a kind of conversation within himself, as if quarrelling with some one with whom he had previously disagreed. Thinks of what he will reply, in case certain things are said to him. (This state of mind is really painful. There are occasional remissions of it, and there is really no cause for it).

10. As a general thing, for the past few days, easily provoked, and impatient at trifles.

11. Dec. 20.—During the whole night, dreams horrid and exciting; then waking up partially, and feeling tired of lying on that side, as after great fatigue; turning on the other side, another dream, waking, and turning again; and so on till morning.

12. Perfectly bright and well on waking and rising.

Dec. 21.—Took some weak milk-punch, and smoked, in the afternoon; after which all the symptoms vanished, and the effect of the medicine seems to have been cut off short by this slight irregularity.

*Third Proving. First Attenuation.*

Mr. ———, nearly twenty-four years old; brown, fine hair, slightly curly; blue eyes; temperament slightly choleric; complexion fair; short, rather muscular development. The following symptoms:—

Jan. 15, 1861.—Took the first dose at eleven o'clock, twenty minutes, P.M.

1. Lay awake fifteen to twenty minutes after taking the medicine; then slight dull pain in right groin, which disappeared after a few seconds, and then reappears in back of head, aching about twenty minutes, just before going to sleep.

2. Had lively dreams; but awoke only once during that night, and then continuing the dream had before waking, very lively, quick, and rushing.

3. Jan. 16, ten, A.M.—Slight, dull pain in left groin, near top of hip-bone, which passed in intervals of one or two seconds to both thighs, chest, and top of head.

4. In the morning of same day, head seems light, and also the tongue, with pleasure and power to talk.

Up to this time, and previous to taking the medicine, had a dull, painful feeling in the back after nocturnal pollution, with dread of head-work or any exertion. Had a headache on the 14th, leaving the head dull. All of which symptoms were replaced by those of Jan. 16. (Nos. 3–5).

5. Feels stronger than before, and more inclined to work.

6. Had occasion to get angry, but could not; felt more like laughing instead.

7. After being quite awake and bright all day, became sleepy early in the evening, and wakeful again at nine, P.M.

8. All the symptoms seem slightly worse in the morning and towards evening. At ten, P.M., Jan. 16, took second dose.

9. Soon afterwards, anxious feeling in the chest; slightly nervous; and then slept soundly until two o'clock, A.M.

10. Rushing dreams, very clear and distinct, from two o'clock until morning.

11. Jan. 17, eleven, A.M.—Oppressive headache on top of head, the pain moving about, sharp and tearing, for five minutes; then head feels dull; which passed away unawares.

12. Feel light in head, and also in tongue, as if I could speak with ease; and can do so. Wish for opportunity to speak in the morning.

13. Appetite good; but no hunger before eating.

14. Immediately after meals, especially dinner, quite a painful feeling of fulness in region of œsophagus; also feeling of much accumulation of wind in the stomach, with desire to raise it; tried

to, but could not. This became particularly noticeable in the forenoon of Jan. 17, and continued all through it.

15. The above symptom became still worse after dinner than ever before, with painful soreness about œsophagus. Feelings in the stomach are very troublesome, with a pressure upwards. Had these symptoms slightly and occasionally a few days before taking the medicine.

16. Phlegm from nose bloody, in stripes of clear blood, at ten. A.M.

17. Four, P.M.—Became weak in the lower part of legs, below the knees, extending to a part of each foot; sometimes felt in the knees, but not in the ankles.

18. Felt at the same time a desire to walk; but could not walk with ease and pleasure: the legs feel heavy.

19. The trouble in stomach passed off with eructation of much wind, coming up easily and involuntarily, leaving only slight soreness about the œsophagus at four, P.M.

20. Jan. 17, half-past six, P.M.—Weakness of legs passed off; can feel nothing of it.

21. Felt very sleepy at eight, P.M.; could not keep awake.

22. Became wakeful again at nine, P.M.; slept soundly all night.

24. Dreams very lively, especially towards morning.

25. Jan. 18.—Memory seems weak to-day.

25. Pains in legs in different places, with weakness below the knees.

26. Want to walk; but legs feel heavy from four to six, P.M.

27. Slept soundly all night.

28. Dreams were clear, very lively, and practical, with very satisfactory feeling after waking and in regard to dreams.

29. Jan. 19.—Awoke about six, A.M., with heat and disagreeable feverish perspiration over whole body, excepting legs below the knees; with flushed face.

30. Moved with quickness and precision on rising.

31. Sometimes cannot think clearly and to the point in the forenoon.

32. Seemed to lose all thought for a moment only: the same sensation again half an hour afterwards.

33. At two, P.M., became very sleepy.

34. Affected easily by cold draughts of air, producing crossness.

35. Weakness in lower part of legs, extending to part of feet and ankles, but without pain.

36. Legs feel heavy, but with a disposition to walk, in the later part of the afternoon.

37. All day in good disposition of mind, with lightheartedness, jocularity, and brightness of feelings.

38. Jan. 20.—Awoke at four, A.M., after unconsciously having had a seminal emission; then fell asleep, with an indistinct dream and horizontal erection; strong sexual desire, producing a tendency to seminal emission.

39. Awoke about six, A.M., with dry heat and perspiration.

40. During morning and forenoon, feel painfully weak in back and loins.

41. Symptoms continue to appear worse morning and evening.

42. Memory appears better; disposition gentle.

Jan. 22, quarter before twelve, P.M.—Took one-grain dose; had taken some brandy, and smoked tobacco, during the day previous to taking the medicine.

43. Slept well all night, awaking with clear head at six, A.M., Jan. 23.

44. At half-past seven o'clock, head began to feel full, and had dry feeling, with tension across nose and inner corners of the eyes; also around the mouth.

45. The discharge from the nose at this time was bloody, in stripes.

46. Blew pure blood from nose about ten o'clock, A.M. Inside of nose feeling parched, hot, and dry; blood drying in the nose very quickly.

47. Prickly feeling in the eyes; worse in the inner corners.

48. At ten, A.M., very severe, dull, tearing pain in the bowels, beginning in the region of the bladder, and running quickly over whole abdomen towards outer surface; but also, in the bowels, tearing, rolling, and cutting, which extended as far as the stomach. It lasted about five seconds; then it ceased slightly for a moment, and then again *increased*; and lastly passed away quickly, leaving no sensation.

49. Pain in right groin at nine o'clock, A.M.; passing into loins, and passing off toward twelve o'clock.

50. Sleepiness during day.

51. Pain in right groin made leg feel stiff at quarter past one, P.M.

52. While walking, felt stiffness and pain in legs, as if from blow on the thighs, at two, P.M., lasting all the afternoon.

53. At four, P.M., pain in left groin while standing.
  54. Pain in both groins while walking, at five, P.M.
  55. Slight weakness in lower part of legs, below the knees ; passing away soon.
  56. Talked all the evening ; but could not find words easily.
  57. In the night, felt pain in left groin and hip-bone.
  58. Jan. 24.—In the morning, lazy and sleepy, and disinclined to work.
  59. Slight, oppressive headache on the top of the head in the forenoon.
  60. Pain in the groins in the afternoon.
  61. All symptoms seemed severer in the morning and toward evening.—(*Publications of Massachusetts Hom. Society*, 1861-2).
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*Tests for Poisoning by Phosphorus.*

The following is the chemical evidence in a case of poisoning by phosphorus. The viscera were taken to Dr. Herapath twenty days after the death of the infant, which had been buried for nearly that time. The history of the case and symptoms led to the suspicion of poisoning by phosphorus. Dr. W. B. Herapath detailed the chemical examination of the viscera, &c., which was as follows:—  
“First, they were seriatim removed with great care on clean porcelain vessels to the interior of a photographic camera, and examined in the dark for evidence of luminosity. None presented itself, however, and the contents of the viscera were equally devoid of any such appearances. 2nd. The contents of the stomach were treated with pure ether. The ethereal fluid decanted and filtered reduced the salts of gold and silver in such manner as a very minute trace of free or inflammable phosphorus would produce. The residual acid fluid was next tested by Mitscherlich’s plan, by distillation with Sulphuric acid, but without any corroborative evidence of the presence of phosphorus. 3rd. The same acid fluid was now tested by Scherer’s distillation with zinc, and the evolved gas, chiefly hydrogen, passed through ammoniacal nitrate of silver ; a black precipitate resulted, too minute in quantity to further test for phosphorus. This gave doubtful evidence of phosphorus existing as phosphorous acid in the contents of the stomach. 4th. The examination of the stomach’s contents gave indications of phosphorus in the free state

by the ether test, and probable evidence of phosphorous acid by Scherer's mode of testing for phosphuretted hydrogen. 5th. The whole intestines having been slit up for examination, the contents of the large intestine were carefully collected, amounting to two drachms of yellow pasty fæcal matter. This was first tested by Mitscherlich's process, but no evidence of Phosphorus in the free condition resulted. The acid fluid produced was then tested by Scherer's process, as before, for phosphorus in the oxydised form of phosphorous acid; and the resulting black precipitate oxydised by nitric acid, and tested by a magnesian salt and ammonia. The characteristic crystals of phosphate of ammonia and magnesia were obtained, which proved the existence of phosphide of silver in the black precipitate, which probably arose from the presence of Phosphorous acid in the contents of the rectum, cæcum, and colon in small quantity. 6th. The contents of the small intestines were also removed carefully and tested in the same way. Similar results were obtained, viz., the absence of free or combustible phosphorus, but the presence of phosphorous acid. 7th. One portion of the contents of the duodenum was tested by the tincture of iodine, for the presence of starch, but no blue reaction exhibited itself; whereas a reddish port wine colour was exhibited, which appeared to be due to the presence of dextrine, a substance into which starch is converted by digestion. 8th. In another portion of the contents of the small intestines, I endeavoured to destroy the organic matter of the fæces by nitric acid, and expected to find the Prussian blue, colouring matter, but failed in obtaining any. 9th. The whole of the stomach, small and large intestines, were dissolved in the dark by means of hydrochloric acid, absolutely pure; but no luminous appearances were exhibited: these phenomena would have been observed if a certain proportion of inflammable phosphorus had been present; it is a test nearly as good as Mitscherlich's. 10th. The acid solution, filtered from undissolved matters, were tested in a gas evolution bottle and with certain apparatus attached, which enabled me to test at one operation for arseniuretted hydrogen, antimoniuiretted hydrogen, sulphuretted and phosphuretted hydrogen. There was negatived evidence of the three former gases, but the black precipitate resulting was proved to be phosphide of silver, and therefore demonstrated the existence of an appreciable quantity of oxydised phosphorus existing in the tissues of the viscera as phosphorous acid; the same product as exists after the phosphorus paste had

been exposed to the air. 11th. A large portion of the liver was dissolved and treated in a similar manner, by which a further quantity of phosphide of silver was obtained, from which crystals of phosphate of ammonia and magnesia were obtained, and examined by the microscope. Results : Evidence of the presence of free phosphorus in minute quantity was obtained from the contents of the stomach ; whilst evidence of phosphorous acid, the lower oxide of phosphorus, was obtained by Scherer's test, as modified by myself, from the contents of the stomach, and of the large and small intestines ; whilst a still larger quantity of the same phosphorous acid was shown to have been absorbed or imbibed by the tissues of the stomach and intestines, and to be present in the liver ; whilst the presence of dextrine in the intestinal canal shows that starch had been present there during life. I infer that phosphorus was probably the cause of the acute inflammation of the mucous surface of the stomach and intestines, of which the infant died."—*Med. Circ.*, May 11, 1864.

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*Ailanthus.*

By P. P. WELLS, M.D., Brooklyn, N.Y.

There is another agent which there is some reason for believing may be found valuable in the treatment of this variety of Scarlet Fever—the poison of the *Ailanthus*. The following case came under the observation of the writer :

A girl, fifteen years of age, rose in the morning feeling slightly ill, dressed and went immediately to the breakfast-table. She could take no food ; the sight of it made her feel so much worse she immediately left the table, and went to her room. She was seized suddenly with violent vomiting, severe headache, intolerance of light, dizziness, hot, red face, inability to sit up, rapid small pulse, drowsy, at the same time very restless, great anxiety. Two hours after the first attack, the drowsiness had become insensibility, with constant muttering delirium ; did not recognize the members of her family. She was now covered in patches, with an eruption of miliary rash, with efflorescence between the points of the rash, all of a dark, almost a livid, color. The patches between the points were of a dingy, dull opaque appearance. The eruption was more profuse on the forehead and face than elsewhere, and especially on the forehead.



The whole aspect of the eruption, and the whole condition of the patient, were so just like those so many times seen in the cases of this variety of Scarlet Fever, that the case was unhesitatingly recognized as an example of it, and in its most violent and hopeless form. The pulse was now small, and so rapid as hardly to be counted; the surface had become cold and dry; the livid color of the skin, when pressed out by the finger, returned very slowly; the whole was a most complete picture of torpor, and seemingly a perfect instance of that manifestation of it which immediately precedes dissolution in these rapidly fatal cases of Scarlet Fever. There was apparently no prospect of the patient's living more than a few hours. Such cases in the practice of the writer had always gone to a fatal termination, and this had been more rapid in its progress than any he had seen. The patient being his own child, he had opportunity for most carefully watching the case. In about three hours from the first appearance of the eruption, the livid color began to lose something of its dark hue; the restlessness and anxiety diminished; the pulse became more distinct, and less frequent; consciousness partially returned; the eruption became a brighter red; and the whole train of symptoms so similar to this pernicious form of the fever gradually gave place to a train of phenomena scarcely less remarkable, but not at all like those of any variety of Scarlet Fever.

Of course this was not a case of Scarlet Fever at all; but for a short time it was a very great puzzle. What could it be? what could have produced it? were questions not to be put aside, and when consciousness had so far returned that questions could be intelligently answered, the nature and cause of the case were no longer a matter of doubt. As the eruption began to lose its dark hue and take on a brighter red, there was a repetition of a series of symptoms, then recently treated in the case of a small lad who had been poisoned by eating the seeds of the *Ailanthus*. This resemblance was a surprise, and at once excited suspicion that this was also a case of similar poisoning. And so it proved to be. It was produced in this manner. This patient and one of her young associates had been amusing themselves, the evening before the attack, by stripping the outside bark from the young and tender shoots of the *Ailanthus*, and then, after writing letters on the stalks with the point of a pin, these were moistened with saliva which was rubbed on them by the end of the finger. This was many times repeated, and in this process the juice of the stalk was conveyed to

the mouth in considerable quantities. Its taste was an intense bitter. Both the experimenters were made ill, with similar symptoms, but the symptoms were much less violent in the patient's friend. It is a singular fact that this patient has been attacked by a similar miliary rash each year since this poisoning, at the *season of the blossoming of the Ailanthus*, and is always now more or less ill each year from this cause. This case is here in part presented to the reader for what it is worth. That it was the result of the *Ailanthus* poison is sustained by the fact that the juice of the green stalks was introduced into the mouths of the two girls, that they both, soon after, sickened, suffering from similar symptoms, differing chiefly in degree of severity rather than in kind; and in the case of my patient showing subsequently a train of symptoms precisely like those witnessed in the case of a lad who was poisoned by eating the seeds of this tree.

The case is also given here with the object of urging on the profession the importance of a thorough proving of this powerful poison. If the subsequent history of my patient can be received, as showing in her sufferings the continued workings of this poison, and if drug agents are indeed related to diseases as curatives by the law which we receive as the universal law of cure, then the relation of the *Ailanthus* to many important diseased conditions is clearly established, and the importance of a knowledge of this relationship, in its details, to both practitioner and patient, needs no argument to show. Let the *Ailanthus* be proved.—*American Homœopathic Review*, March 1864.

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*British Pharmacopœia.*

In concluding a lecture on the "British Pharmacopœia," at the Pharmaceutical Society, Dr. Attfield remarked that although the fusion of the three Pharmacopœias into one must be considered to have been accomplished in a most satisfactory manner, and be a source of congratulation to all, yet it is open to serious question whether the compilers of the work have accurately represented the advancement made in pharmacy during the past thirteen years. The comments made and published show that while the *Materia Medica* part of the book may be regarded as a success, the preparations and compounds are, to a great extent, a failure. Such a result,

may be fairly ascribed to want of pharmaceutical co-operation in the work of compilation. Had the book been thrown open to comment before publication instead of after, or the opinions of pharmacutists elicited in some other way, a Pharmacopœia might have been produced which would have commanded the confidence of all interested in its pages.—*Med. Circ.*, May 11, 1864.

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*The First Female Medical Practitioner in England.*

After a desperate struggle against numerous obstacles, Miss Garratt has at last found her way to a medical examining board, has passed her first examination, and become what our cotemporary the *Lancet* was pleased to designate the "Pet of the apothecaries." Without pretending to know too much of the secrets of an examining board, we may state that Miss Garratt's examination reflects upon her the highest possible credit, and that both in the written and oral parts of it she displayed an accuracy of knowledge, a precision and a breadth, which surprised the examiners, and which are rarely seen in the court. In chemistry she wrote an essay on the meaning of the terms "specific gravity," entering most carefully and minutely into the *rationale* of the process, and supplying even the mathematical formulæ for calculation. She wrote a second essay on isomorphism and isomerism, adducing copious illustrations of isomorphic and isomeric bodies, and giving the modern views on those points. In anatomy, she described, we believe, without a single error, one of the most difficult portions of the brain; and in physiology she rendered with equal skill and perfection an account of respiration. This was the written ordeal. In the oral—botany, materia medica, the uses and composition of drugs, anatomy, physiology, and chemistry, were subjects of trial; in all of which she evinced an equally sound advancement, and we know that the examiners were specially struck with the fact, that while Miss Garratt's learning was so well shown, the manner in which it was displayed was collected, natural, and tinged with no approach of affectation. When we consider the immense difficulties under which this young lady has acquired her knowledge; when we state what we are assured is the fact, that her lessons in anatomy have been taken almost at midnight, when all the male students had long departed; and when we are informed that at this moment she is actually acquiring her hospital practice

in the humble capacity of a nurse at the "London," we cannot admire too heartily the perseverance, courage, and self-sacrifice that have been manifested. Miss Garratt, in our opinion, deserves, and has fully earned, admission to the same honours as any other praiseworthy student of medical science and art, and we think it the narrowest policy for any college or board to refuse her examination. We make the above observations, still holding an opinion which we have before expressed, that it is quite an open question whether women generally can follow medical practice as a means of livelihood; but we contend that they ought to be allowed to try. Then if their efforts fall through of themselves there is no one to blame. But flatly to deny them the opportunity of making the attempt is simply to excite a public sympathy which scarcely can be said to be misdirected, and which is far more injurious to the medical profession at large than the introduction into their ranks of any number of female practitioners.—*Social Science Review.*

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*Preamble and Resolutions concerning the Introduction of Homœopathy into the United States Military Hospitals.*

By T. R. NUTE, M.D.

Whereas authentic statistics show, that, in treatment of cholera in Europe in 1831 and 1832, the homœopathic and allopathic systems of medicine, in private practice in ten cities, contrasted with hospital practice in twenty-one hospitals, were successful in proportion of eighty-nine per cent of the former to thirty-seven of the latter; and, throughout the Austrian and Bavarian dominions, in that of ninety-three of the former to a fraction less than thirty-seven of the latter; also in 1847 and 1848, in hospital practice, contrasted with hospital practice in Vienna, Bohemia, Hungary, Russia, Poland, and Egypt, in that of ninety-one of the former to forty-eight of the latter; in France, in 1848 and 1849, in that of ninety-one of the former to forty-nine of the latter; in St. Petersburg and in Austria, in that of ninety-two of the former to forty-seven of the latter; in 1849, in Cincinnati, New Orleans, St. Louis, and Sandusky City, in that of ninety-three of the former to fifty-three of the latter; and in the southern part of France, at a still later period, in that of ninety-three of the former to ten of the latter:—

And whereas authentic statistics show, that, in treatment of yellow

fever in the southern part of the United States in 1853, the homœopathic and the allopathic systems of medicine, in hospitals of New Orleans, Natchez, Havana, and Barbadoes, were successful in proportion of ninety-three per cent of the former to fifty-one of the latter; in an epidemic fever, known as the war-typus, which devastated many districts of Europe in 1813, in private practice, contrasted with hospital practice in Leipzig, in that of a hundred of the former, of the hundred and eighty-three cases submitted, to an almost entire failure of the latter; in inflammation of the brain and of the bowels, in dysentery, pneumonia, and pleurisy, combined, in hospitals of Vienna, in that of ninety-seven of the former to eighty-three of the latter; in dysentery, which attended the Irish famine in 1847, in hospitals of Ireland, in that of eighty-six of the former to sixty-four of the latter; in the continued fever which accompanied it, in that of a fraction more than ninety-eight of the former to eighty-seven of the latter; also by a third method, which prohibited all medication, and relied wholly upon the recuperative powers of *Nature*, aided only by cleanliness, ventilation, and good nursing, of ninety per cent:—

And whereas authentic statistics show, that, in treatment of an epidemic of inveterate ophthalmia and skin disease which broke out in the New-York Protestant Half-orphan Asylum in 1842, the homœopathic and allopathic systems of medicines were successful in proportion of a hundred per cent of the former, of the two hundred and forty-three cases submitted, to almost an entire failure of the latter in a previous trial of several months' duration; and in all diseases occurring in that institution for the last twenty years, contrasted with those occurring during the seven previous years, in that of three of the former to one of the latter; also in all diseases, exclusive of cholera, in general hospitals of London, Edinburgh, Glasgow, Liverpool, Vienna, Leipzig, and Linz, in that of ninety-six of the former to ninety of the latter; and in all diseases occurring in the great military hospitals of Vienna and St. Petersburg, and in five other hospitals of Hungary and Vienna, in that of ninety-five of the former to eighty-seven of the latter:—

Therefore resolved, That Congress should make requisite provisions for the introduction of the homœopathic system of medicine into a part of every established military hospital, for the following reasons, viz.:—

1st, Because carefully gathered statistical collections prove it to be

more successful in treatment of all diseases incident to the military camp and the hospital than the allopathic system, which is almost exclusively employed in the army and navy.

2d, Because it is ardently desired by many of the troops in the service, and provision for its introduction is a step toward their just rights, and a fitting response to the numerous signed petitions in its behalf which have come up from the people of every loyal State.

3d, Because to withhold from them this obvious right, and, in the hour of their peril, to attempt to force upon them a system of medication which they at home invariably reject, tends to demoralise the will, dishearten the sick, and thereby to cruelly diminish chances of recovery.

4th, Because it is better adapted to the varied wants of troops detailed to service, from the compact and portable form of its remedies, the simple and easily acquired principle of their prescription, and the obvious analogy of their therapeutical action to the known operations of Nature.

5th, Because the joint adoption of this rival system would afford to the present corps of army surgeons a wholesome stimulus to emulation, and prove an incalculable blessing to self-sacrificing fellow citizens in arms for their country, who may be stricken down by disease or casualty.

6th, Because, as a system of medicine, it has firmly established itself wherever civilization is known, and now numbers its adherents by millions from the ranks of the most intellectual and conservative classes of every land.

7th, Because it has, for half a century, stood the most searching tests of observation and experience, and, notwithstanding the bitter persecution of its opponents,—the allopathic school,—has made for itself an imperishable name and place among the nations of both hemispheres.—(*From Transactions of the Massachusetts Hom. Soc., 1861-2.*)

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*Experience in Diphtheria.*

By J. S. DILLER, M.D., Ashland, Ohio.

When this malignant disease first appeared in this country, I examined all the authority I could procure on the subject. I found

*acon.*, *bell.*, *kali*, *ammon.-caust.*, *brom.*, *canth.*, *mer. jod.*, together with an application of tincture of iron to the throat, highly recommended. There was some little difference in the strength of the medicine; some using the 200 potency, and others the 3rd to the 30th dilutions; all, however, claiming to cure the disease. When I was called to my first case, I went with the full belief that I could cure it, but I was disappointed; the patient died. I excused myself by thinking that the case was far advanced before I saw it. The second case I commenced with the same confidence, still using from the 2nd to the 6th potency of the medicines recommended; but the result was of a similar nature. My third patient recovered, after a considerable time. My fourth, in which I employed the third to the 6th potency, was entirely unsuccessful; the patient died. I came, then, to the conclusion, that those cases reported as cured with the 6th, 12th, 30th, and 200th potencies, were not diphtheria, or else they were not *cured*. I concluded, therefore, to think for myself, and not follow the books, but to use my judgment as to what potencies to prescribe. In the next case I was called to treat, on examination I found the exudation on the tonsils, together with some fever, and very offensive breath. I prescribed *bell.*, 1st *trit.*, and *mer. jod.*, 1st *trit.*, in alternation, every hour and a half; I also dissolved some 25 grs. of chlo. of potash in a tumbler of water, and advised the patient to drink a little of it three or four times during the twenty-four hours. The next day the patient's breath was pure, so that there was no odour in the room. I then omitted the *bell.*, and dropped 6 drops of *ammoni. caust.*, 1 potency, in a half tumbler of water, confined the solution in a bottle, to keep it from evaporating, and gave a teaspoonful in alternation with *mer. jod.*, one and a half or two hours apart. (I also use, in cases where the throat is filled with the exudation, a solution of *argent. nit.*, 10 grs. to the oz. of water, and have the throat painted three times a day.) On the third day my patient was improved, and on the sixth day convalescence was established. In other cases where the larynx becomes involved, as evinced by a croupy cough, and difficulty in breathing, I use *brom.* 1 and *ammon. caust.* 1, 6 drops in bottles of water, to keep them from evaporating, and alternating them every half hour until there is an improvement, and then lengthen the intervals. The potash I use in every case. Since I have prescribed the low potencies and triturations, I have not lost a case of diphtheria. Some of the high potency advocates will no doubt say, as my pre-

ceptor used to, that if the proper medicine is selected, the particular strength is of no import; that the 30th would have the same effect as the first or second potency; and he would produce as an argument, that a single spark of fire would explode powder as soon as a lighted torch. That we all know, but it will not hold good in many other points. In homœopathic medicine, the 30 or 200 has not the same strength as the 1st or 2nd. In such disorders as *chicken pox* or *measles*, where nature will throw off the disease in a given number of days, by good nursing, the high potencies will do very well; but in *diphtheria* or *Asiatic cholera*, where nature requires something more than good nursing, and where the strong tincture of camphor is recommended, I think the 30th or 200th perfectly powerless. If any of the high potency advocates *cure* these diseases, I should like to see *a report of the percentage of deaths*, as well as the percentage of cures. I am aware that we have 200 potency men, in the homœopathic ranks, who administer one dose and wait twenty-four hours for its effect before administering the second dose. Let me say to those men, that if their diseases are as malignant as some of ours, their patients would be dead before they could administer the second dose. I should be pleased if any of these gentlemen would report on diphtheria, or any other disease, and would give us the number of deaths, as well as the number of cures, as I have endeavoured to do in this paper.—(*Western Homœopathic Observer*, March, 1864.)

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*Calendula in Plastic Surgery.*

By JNO. T. TEMPLE, M.D., St. Louis.

On the 25th of September, the foreman in a planing mill in our city had three of his fingers, on the left hand, brought into contact with a circular saw. The index finger had the tip cut away; the middle finger was sawed through near the first joint, leaving the tip hanging by the skin; and the third finger cut to near the centre.

The wound on each finger was ragged, very much torn, and bleeding profusely—which is not very common in lacerated wounds.

The middle finger, which, according to allopathic surgery, would have been relieved of its mangled and pendant extremity by cutting it off, was placed in apposition and by a small bandage secured. The index and third or ring finger were wrapped in cotton, and then



a wrapping of cotton put around all three. As soon as this was done, I saturated the whole dressing with the pure tincture of calendula, which stayed the hemorrhage very promptly.

24th. The pain greatly eased ; did not remove the dressing, but kept it wet with the tincture. Gave calendula 3d internally every 2 hours : 6 pellets.

29th. No pain, no suppuration ; doing very well. Same treatment continued.

Oct. 9th. No pain, unless touched ; very sensitive to pressure ; doing finely. Same treatment continued.

Oct. 19th. Time appointed. No appearance of my case at my office.

Oct. 23d. My patient came with a sad countenance and a stinking hand. Said he had been told by some friends that a certain ointment would cure his fingers "right up in a week," and had suffered their persuasion to induce him to take off all my dressing ; that when he did so, the wound on each finger looked so healthy and nice that he thought it a pity to trouble them ; but being very anxious to have his hand sound in one week, he applied the ointment. In 24 hours suppuration began, and increased every day until it became so offensive, and the middle finger began to turn black at the end, that he had come back to try and have his hand saved ; that he was ashamed of himself, &c., &c.

After cleansing his fingers of all ointment, I again enveloped them in cotton, and saturated it with calendula. Gave arsenicum 3d every 3 hours during the day.

Oct. 25th. Suppuration ceased in half a day ; feels that all is well again. Directed the dressing to be kept wet with the tincture.

Oct. 30th. Progressing favourably. Treatment the same, dressings not removed. I deem it bad practice to remove dressings on any wound where there is no suppuration, and a healthy action is progressing, because irritation must ensue, and consequent injury.

Nov. 13th. Patient says the end of his index finger is getting quite firm, and the other two rapidly improving. Continued the treatment. Did not remove the dressing.

Dec. 2d. Patient had taken dressing off his index finger, which was filled out almost to its natural proportion, and well. Said his middle finger felt strong, as if the bone had grown together. I removed the envelope from both of the remaining fingers. The appearance was gratifying. There was a full union of the bones

and a supply of the soft parts torn away by the saw. The ring finger was entirely healed and as strong as ever.

Jan. 5th. Entirely well, and the middle finger apparently as strong as ever, and with a very little scar.

The use of calendula tincture cannot be too highly valued in the treatment of lacerated wounds; and may it not be as valuable in the healing or reproducing bone, wherever it can be applied?—(*Western Homœopathic Observer*, March, 1864.)

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*Guaicum Officinale, as a Remedy in Diphtheria.*

By ASA S. COUCH, M.D.

The importance of the above drug as a remedy in diphtheria, was first publicly alluded to by the writer of an article read before the last semi-annual meeting of "The Hom. Med. Soc. of the State of New York." It was then claimed that it would prove one of the most important and reliable specifics, in this disease.

Subsequent observations have served to confirm that conviction. The clinical observations of its curative effects in many cases of rheumatism, first directed attention to it in this connection. No observer can fail to have noticed the frequency of rheumatic complications in diphtheria. Rheumatic affection of the cervical muscles is a very frequent attendant upon it, while general rheumatic pains are not uncommon. Several cases of inflammatory rheumatism have also been observed by the writer to follow closely upon convalescence from this disease.

The following (among other) symptoms indicating its use, may be found in the provings of the remedy: exhaustion, as after great exertions, especially in the thighs and arms, shuddering and feverish chill in the back; *internal chilliness* through the whole body, followed by heat, especially in the face, without thirst, towards evening; disinclination to labor, headache across the forehead, swelling of the eyes, *painful dragging and lacerating in the left ear, the face is red and painfully swollen, dull ache* in the left jaw, nausea, occasioned by a sensation as if mucus were in the throat, violent vomiting of watery mucus, with great exertion, constrictive sensation in the epigastric region, with anguish and difficult respiration, dry cough, returning until some expectoration set in, cough with expectoration of fetid pus, aching in the nape of the neck on the right and left sides of the vertebræ.

Now, the provings of this remedy are very meagre, and yet quite a number of the foregoing symptoms are strongly characteristic of diphtheria. A more thorough proving would undoubtedly develop equally characteristic, if not pathognomonic symptoms of it. It is to be hoped that it will be accomplished.

But passing over any further reference to its homœopathicity in the case, it is offered as a fact that its employment in cases where it was at all indicated, has proved more satisfactory than any other single remedy exhibited by the writer in the disease. That it will prove efficacious in all cases is not expected, but a trial of it in cases accompanied by rheumatic pains is earnestly recommended.

With reference to its administration, it is probable that the *potencies* will not prove serviceable. The manner in which I have used it has been to add a half drachm of the mother tincture to a tumbler half full of sweet milk, and of the mixture, give a dessert spoonful every hour to three hours, according to the urgency of the symptoms. Reports of cases are omitted, for fear of occupying too much space.—(*American Hom. Obs.*, May, 1864.)

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#### *Cannabis Indica.*

Mr. CARL BOWER communicates to *American Druggist's Circular* the following experiment with *Cannabis Indica* :—

“ I had taken on different occasions of the extract, from one to three grains without any noticeable effect, and after repeating it several times increased the dose to five grains, from a new lot which we had just received. I took the dose after dinner, about two o'clock, and as I had failed so often in obtaining its medicinal action in the least, I commenced my usual work in the laboratory thinking no more about it, till half an hour after, when I was suddenly reminded of it by a peculiar feeling I experienced, that could be compared to a warm stream of water, which gradually stole up my back and made its way to the brain. At the same time I had a very dry mouth and fauces, so that I could hardly swallow or speak; intense and rapid beating of the heart, and widely dilated pupils; my pulse was 150 to 160 per minute. I did not feel sick, but more as if under the effects of an intoxicating drink. By this time I felt a burning sensation in the throat, and mentioned it to my colleague, Mr. Dohme, who recommended me to take several drachms of bitartrate of potassa with water, which did me considerable

service ; I now felt in the highest degree nervous ; my legs were hardly able to support my body, and I had a strong inclination to sleep, and therefore hurried to my bed, which I entered without undressing.

“ I now began to feel the characteristic effects of the Hachshish. I was not able to go to sleep, yet under a peculiar nervous action of the brain and senses ; my mind wandered from one subject to another ; and, strange to say, with my opened eyes I dreamed (I must call it so), for I saw, heard, and noticed everything around me, but the mind wandered rapidly from one object to another, only remaining for a moment or two at one thing, then passed to another, and tales of youth again charmed my existence ; pictures and scenes long since forgotten were again for an instant as plain as if seen only a day before. These dreams of imagination lasted about an hour, and then changed to a slight headache, which I felt till late in the night. I now got up to finish some preparation I had commenced in the morning, but found myself too weak and nervous, and had to leave the laboratory. At six I took supper, and had an excellent appetite, but my mouth was still very dry. At twelve o'clock I went to bed, slept very quietly without dreams, and awaked in the morning as well as usual.”—(*American Hom. Obs.*, May, 1864.)

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*Chromic Acid as a Caustic.*

Dr. LOWE, one of the surgeons to the hospital, has of late been employing, and with success, chromic acid as a caustic, in cases of indolent ulcer and in epithelioma and cancrioid growths. I am indebted to Dr. Lowe for the following report on this interesting subject :—

“ The action of chromic acid on diseased tissues is peculiar, and differs widely from that of every other caustic, though quite consistent with its known action on animal structures. There is for some time no discharge or offensive smell from the sore. The tissues seem merely killed and dried up to a depth varying with the length of time during which the acid has remained in contact with them. After five or six days, a line of demarcation begins to appear between the living and dead parts, followed by a small amount of suppuration around the outer margin of the sore. At the expiration of eight days, or longer, the slough may be enucleated by gentle traction with a forceps, leaving a clean, dry surface, from which fine healthy

granulations soon make their appearance after the application of water-dressing. If the whole of the diseased structures are not destroyed by the first application, the process may be repeated as often as is deemed requisite. In epithelioma, it is not necessary to produce a deep eschar, and the acid should, therefore, be merely applied for a few seconds before it was washed off with water. One case of this nature, occurring in the tongue, and causing a loss of a fourth of its length, well illustrates the action of the acid. The patient was a female, aged 65, very feeble and emaciated. The ulcer was deep and malignant-looking, and there was enlargement of the sub-maxillary glands, with acute lancinating pains. Any operative procedure was evidently out of the question. The solid acid was applied altogether six times. The first two applications were entirely free from pain, after which the sore began to granulate and assume a healthy aspect for a few days; but the granulations broke down, and the ulceration again extended. The acid was repeated, but with smarting pain for a minute or two, which subsided on washing the mouth with cold water. As the surface became more healthy, the pain from the acid increased. After the sixth application cicatrisation was complete, and the glandular swelling disappeared. The only medicine she took was liq. arsenicalis, gtt. v., bis die. At this date, a year and a half afterwards, the cure remains complete.

“ In several cases of obstinate cancrioid sores the acid has produced speedy cicatrisation. One case in particular, which had resisted treatment for a year and a half when it came under my care, was perfectly closed on four applications. The sore was situated about the middle of the thigh, directly in the line of the femoral artery. The cure, however, could not be said to be complete, as a firm, deep, indurated mass remained, which showed no tendency to disappear under treatment, and which I, therefore, excised, with a wide margin of sound tissue, and speedily obtained union, which has remained in a satisfactory state up to this time.

“ I have never used the acid in large cancers, as I do not as yet recognise the propriety of interfering with them by such means; but I believe it would be the best caustic to make use of where such interference is deemed proper. It would be found to destroy the diseased structures probably to a greater depth than any other, with less pain and without much offensive discharge.

“ Hitherto, with the single exception above mentioned, I have had

reason to be satisfied with its action. It seems more disposed to affect diseased than living tissues, and shows no disposition to cause ulceration; but, on the contrary, its use is always followed by healthy granulation.

“The acid may be applied either in the crystalline form or as a fluid derived from the deliquescence of the crystals. I have generally made use of it in the solid state whenever it has seemed desirable to produce a deep eschar. The mode of application is simple: the crystals are taken up on the end of a feather, and placed on the affected part, where they soon dissolve. It is seldom necessary to take measures for confining the acid, but if any of it runs down over the sound skin it should be wiped off with a bit of lint. If, however, it is desired to produce a very deep eschar, this may be readily effected by surrounding the part to be operated on with a ring of gutta percha, which may be stuck to the skin by heating the lower rim in a candle. The crystals of chromic acid may be placed in this to the required depth, and allowed to remain for ten or fifteen minutes, when the whole should be removed, and a piece of wet lint applied. Ordinarily, I find that the application, if only made for half a minute, suffices to produce a slough one-eighth of an inch thick. In slight cases the deliquesced acid may be used.”

The effects of chromic acid and of the bichromate of potassa have recently been interestingly illustrated in the researches of MM. A. Chevallier and Bécourt. These investigators have shown that such is the destructive power of the bichromate over the tissues, that the workmen in the bichromate manufactories, on inhaling the dust, lose, as a general rule, the whole of the septum of the nose. They are also attacked at times with violent itchings, followed, if they are badly protected by clothes, with suppuration and ulceration of the moist surface of the penis, around the glans. The researches show that for a chromate to exert its action there must be a moist surface, and they indicate that the caustic or destructive power of the salt is due to the chromic acid. There can be no doubt, therefore, that in chromic acid we have a body which more rapidly than any other would destroy morbid growths in cases in which it could be applied to a moist surface. I would, however, remark, as an intimation of a possible danger, that the observers to whom I have referred above have received reliable information, that on inferior animals the destructive process set up by the chromate salt goes on rapidly spreading, causing denudation of the hair and extensive ulceration;

so that in the case of a horse that had been exposed in one of its hinder feet, suppuration progressed, extending through the limb, and invading almost the entire half of the body of the animal, as though a veritable metamorphosis of the cutaneous tissues of the flesh altogether had been set up, as by fermentative action. This animal died one month after the commencement of the malady.

In Dr. Lowe's hands, chromic acid applied to the human subject has produced none of these dire effects. The destruction of tissue has not spread beyond due bounds: but in rapidity and effectuality of action to the extent required of it, it has answered admirably, and deserves to be extensively tried.—(*Med. Times and Gazette*, Feb. 13, 1864.)

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### *A Drop of Liquid.*

When medical men prescribe so many drops of any liquid to their patients, they may not be aware that they do not always prescribe the same quantity. On this subject we find an interesting paper by T. Tate, Esq., in this month's "Philosophical Magazine," in which he shows that the magnitude of a drop depends upon various circumstances generally not taken into account. First, as to the apparatus used by him for his experiments, it consists of a vertical tube AB receiving the liquid at A from a vessel C, and delivering it at B into a vessel D. The vehicle by means of which the liquid passes from C into the tube is a strip of clean calico, which acts as a syphon. The apparatus was so adjusted that the interval of time between the falling of any two consecutive drops was not less than forty seconds. The lower end B of the dropping-tube was brought to a point, and then formed into a sharp edge, so that the tube at the part in contact with the liquid might be regarded as indefinitely thin. From five to ten drops were allowed to fall into D, which was then weighed, by which means the weight of each drop was ascertained. In order to determine the weight of the drop corresponding to different temperatures, the dropping-tube was inserted in a wide brass tube passing through a hot-water bath, so that the drop of liquid as it was being formed might attain the same temperature as the water surrounding the wide tube. From the experiments made with this apparatus it appears—1, that other things being the same, the weight of a drop of liquid is proportional to the

diameter of the tube in which it is formed, but not of its orifice, provided the diameter does not exceed seven-tenths of an inch, in which case the liquid falls, but not in the shape of a regular drop; 2, that the law just enunciated has a remarkable relation to that of capillarity, the weight of the drop being in proportion to the weight of water which would be raised in that tube by capillary action; 3, that the augmentations of weight are in proportion to the diameters of the surfaces on which the drops are formed; 4, that the weight of a drop of liquid, other things being the same, is diminished by an increase of temperature; and 5, that in different solutions of neutral salts the increment in the weight is in proportion to the dry salt in solution.—*Galignani*.

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*Arsenical Epistaxis.*

By Dr. IMBERT GOURBEYRE.\*

Epistaxis is a symptom positively arsenical. Hahnemann mentions it in the record of his personal pathogenetic experiments, and the only corroborative testimony he cites is that of Heine. This German physician (*Vermischten med. Schriften*, 1836, p. 302), mentions having one day given to a man to cut short his fever, six drops of tincture of Arsenic. The patient took forty drops, which caused violent vomiting and great bleeding from the nose. Heine asks if this is the effect of the Arsenic, or of the vomiting. We would vote along with Hahnemann for the former explanation.

OBS. I.—A man, aged 45, had had for many years an ulcer situated near one of his ankles. A quack to whom he had recourse covered him with Arsenious acid. In a few minutes there came on very severe pains of a burning character. Two days afterwards vomiting, colic, *passive epistaxis*, red spots on the body; blood appeared among the matters vomited and the stools which soon became black; constant feelings of faintness. The fifth day tongue dry and black; the ecchymosis had the same colour. Delirium, agitation, death the sixth day.

OBS. II.—Poisoning with 52 grammes of Arsenical soap of Bécœur in a man of 32. At the commencement tetanic symptoms, vomiting, burning heat and tearing pain in the abdomen. Tongue

\* From the *Art Médical*, June, 1864.



dry, pale; curvature, cephalalgia. The next day pulse full, hard; deep seated lancinating pains in the stomach, and acute pains in the œsophagus when he drank. Violent palpitation. During the night there recurred at intervals, but frequently, attacks of hiccough and inclination to vomit. The following day at 6 A.M., *abundant epistaxis* to the extent of about 122 grammes of blood, and at the same time a kind of nettlerash on the neck and chest, and afterwards on the hairy scalp and shoulders. Gradual recovery. (Gendrin, 1823).

Arsenical epistaxis must have been pretty frequently observed, because Kleinert in his thesis (*De arsenico atque reagentium in id usu*; Lipsiæ, 1824), says, when describing generally the various effects of the poison, that in the dose of a twelfth to a sixth of a grain, epistaxis is produced: "Majores autem doses creant . . . . interdum sanguinis ex naribus fluxum, atque hæmoptoen; centinuatæ vero gignunt hæmorrhagias narium et pulmonum."

Obs. III.—A room had been painted with an Arsenic green colour. A sempstress occupied the room; but she became subject to a violent headache, and had to leave off work. It was resolved to remove the colour: two workman who scraped the walls were soon affected with severe cephalalgia, *considerable epistaxis*, and one of them had conjunctivitis. (Basidow, *Pr. ver. Zeitung*, 1846.)

Dr. Schafer relates a case of poisoning which forms the theme of the interesting monograph (*Beiträge zur Lehre von der Arsenikvergiftung*, Berlin, 1846,) in which he treats of arsenical paralysis. The individual in question was poisoned several times in the space of a fortnight. The symptoms that supervened were considered by the first doctor as the result of a gastro-rheumatic fever, for the proof of which he relied, in his medico-legal report, not only on the pains but also on two violent nasal hæmorrhages which occurred during the first fortnight of the poisoning, and which required the use of active measures to stop them.

M. Bourdel (*Revue thérapeutique du Midi*, 1850,) noticed in a large number of intermittent fevers, especially when the remedy was continued for a long time, that arsenic produced passive hæmorrhages of the cheeks, *nose*, and rectum, which were frequently repeated in many cases. The nasal hæmorrhages *recurred* at each fresh dose of arsenic, and disappeared when the remedy was discontinued, which frequently happened in the case of irregular intermittent fevers.

Brockmann also (*Die metallurgischen Krankheiten des Oberharzes*, Osterode, 1857,) alludes to the *frequency of epistaxis* among the workmen employed in the Arsenical mines of the Harz mountains.

Like M. Bourdel, Zeroni (*Deutsche Klinik*, 1852), observed *epistaxis* several times in 108 cases of ague treated with Arsenic.

Obs. IV.—N., 22 years old, of good constitution, was admitted to the hospital with quotidian ague that had lasted four days, and which resisted three days' treatment with preparations of Quinine. The 11th day the fit did not appear under the influence of 10 centigrammes of Tartar emetic; but it appeared the following day in spite of 10 centigrammes of Arsenious acid administered in the space of four days. Great apprehension caused by the word Arsenic; *epistaxis*, headache, anxiety. He went out of his own accord. (Girbal, *Gazette médicale*, 1852.)

Obs. V.—N., 28 years old, commenced on the 16th of last February, to triturate for me, starch with alum; the five following days starch with sulphate of zinc. During the 10 days that this operation lasted André did not feel any bad effects.

The 20th February, I set him to triturate Arsenic and starch in the proportion of one thousandth. The next day, at 4 P.M. he was seized with *bleeding from the nose*, and had to leave off his work for some time to allow the blood to flow. He essayed to resume his work when the hemorrhage stopped, but it returned worse than before, so he had to give it up.

The next day and the next and every subsequent day for a week, that is to say, the whole time occupied in triturating the Starch and Arsenic, André was attacked *at the same hour*, about 4 o'clock, with *epistaxis* which obliged him to discontinue his work.

The 8th of March, as he was perceptibly declining in health, I made him leave off the Arsenical trituration, and gave him successively to triturate Opium, Tannin, and Sulphate of zinc. It is very remarkable that from the 8th to the 16th of March, André had no more *epistaxis*. The hemorrhage ceased from the day he left off triturating the Arsenic, and it only occurred during the time he was so engaged. I should add that besides the *epistaxis* of daily occurrence at a certain hour, André had during the 10 days he was engaged in triturating the powder, a burning heat in the nasal fossæ, frequent sneezing, a copious coryza, &c.; and his mother, who observed him looking so ill, asked me what I was doing with her son,

as every evening he coughed much more than usual. (Cramoixy, *Bulletin de la Soc. Hom. de France*, Mai, 1863.)

The author of the above observation published this remarkable fact in confirmation of what I had previously said respecting Arsenical epistaxis in a *Study of some symptoms of Arsenic*. It is noteworthy that this observation demonstrates the *typigenic* power of Arsenic.

I have more than once seen epistaxis produced by the action of Arsenic. Some years since I treated a girl for psoriasis of the head. She took daily 2 drops of Fowler's solution from the 17th January; the 20th she had *epistaxis* for the first time in her life.

Obs. VI. Anne Valleix, 39 years old, was admitted on the 12th August, 1854, to the Hôtel Dieu of Clermont-Ferrand. She is pregnant 5 or 6 months. Much itching in the vulva since the commencement of pregnancy, which did not yield to several remedies. The itching is situated throughout the external aspect of the labia majora. On examining the parts, the skin is observed to be somewhat red, hard, stiff, thickened and dry; no scales. The itching is chiefly at night; and during the first days of her sojourn in the hospital, the unfortunate woman suffered to such a degree, that she was forced to remain out of bed all night, wandering about the ward in her night-dress, and constantly scratching the external parts of the labia majora; she is quite ashamed of herself. The 17th, I prescribed 4 drops of Fowler's solution in 80 grammes of sugar and water, to be taken during the day in four doses. The first days evident relief, and from the eighth day, complete cessation of the itching of the vulva. The remedy was stopped. Under the influence of the Arsenic she had *several attacks of epistaxis*, considerable coryza and slight conjunctivitis of both eyes. (Imbert Goubeyre, *Memoire sur le prurit vulvaire*; *Moniteur des Hôpitaux*, 1858).

In 1863 I attended a girl for chronic pharyngitis. For a month she took Arsenic 6, with some days of respite. The last eight days she has taken the remedy regularly twice a day, and for five or six days she has often blown blood from her nose, which never happened to her before. I could cite other analogous facts from the employment of infinitesimal doses; for I have often seen arsenical epistaxis occur in like circumstances.

From these facts we may conclude that Arsenic produces epistaxis in all doses, still it is by no means a frequent symptom; in this

respect we may say that it is a symptom of the third order of frequency, if I may be allowed the expression.

It is, moreover, obvious that the doctor cited by Dr. Schafer was wrong in relying on the presence of nasal hæmorrhage, and some other symptoms, as a proof that that was a fever, which was in fact nothing but an arsenical poisoning. Hence the necessity for medical men knowing perfectly the pathogenesis of Arsenic, and it is a matter of regret that our treatises on legal medicine are incomplete on this important subject. Not a single toxicologist, French or foreign, mentions epistaxis.

We thus have a confirmation of the symptom in Hahnemann's pathogenesis "*violent hæmorrhage from the nose* at the end of three days, accompanied by sadness of disposition."

May we, then, rely upon Arsenic as a homœopathic remedy in epistaxis? Here we are reduced to an *a priori* deduced from the general law. I know of no illustration of this therapeutic application. The records of homœopathic literature are almost silent on this subject.

Hartmann, when treating of epistaxis and the numerous remedies for it, says nothing about Arsenic; the same may be said of Müller and Hering. Kreuss and Rosenberg have indirectly only copied Hahnemann. Jahr indicates Arsenic for the epistaxis occurring in the course of coryza. Clinical experience must be referred to for information on this point, and for the various idiopathic or symptomatic forms in which Arsenic should be used; and to it we must apply in order to learn the *speciality* of the action of the remedy.

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*A Homœopathic Novel.*

To some people so-called religious novels, *i.e.* novels written with a view to recommend some particular religious dogma or Church are very attractive, and possibly there may be a class of readers to whom a medical novel written to recommend some particular medical theory would be pleasant reading. To such, a novel just published, entitled, "*Who Wins? being the Autobiography of Samuel Basil Carlingford, M.D.*," will be a treat, provided their convictions are homœopathic; for we cannot conceive any reader who is partial to pills and potions deriving much pleasure from a tale all in favour

of globules and tinctures. Should this novel prove a success, we shall doubtless soon have another written by an adherent of the opposite school of allopathy illustrating the advantages of blue pills, black draughts, and red mixtures, and the pernicious effects of globules and pilules. In fact we have had in former years a novel written against homœopathy which we noticed at the time of its appearance, entitled "Confessions of an Homœopathist." No doubt the partisans of other systems, too, will write their medical novels, and we shall have in time a hydropathic novel, a mesmeric novel, a galvanic novel, a Holloway novel, a Morrison novel, an Old Parr novel, an Oxygenated water novel, a grape-cure novel, a whey-cure novel, a chromothermal novel—but that has already been written by Mr. Charles Reade in his *Very Hard Cash*. But we protest against the whole race of medical novels, and when the doctor is introduced into the novelist's pages we prefer to see him treated in a jocular style like our old friend Dr. Slop, or if a homœopathic doctor is wanted, like Dr. Morgan of Sir Edward's *My Novel*.

In *Who Wins?* the hero Dr. Carlingford is an allopath, come of an old and apparently worn out family, if we may judge from the sickly character of his brothers and sisters, most of whom died young, of all sorts of diseases, which together with their treatment are carefully described in the first chapter. He falls desperately in love with his cousin Sylvia Kennicott, but her papa forbids him to hope to obtain his daughter for a wife on account of the imperfect sanitary condition of his blood before alluded to. "He never told his love," but Sylvia believes he does not care for her as he was once heard to declare he would never marry a woman that carried a "little chest," meaning a homœopathic globule box, which is a weakness of hers. So Dr. C. goes on his travels, is seized with cholera morbus, is nearly dead, but rescued from the grave by a strange doctor, who gives him homœopathic remedies. When he finds out how he has been treated his anger knows no bounds, and we are left to infer that he would have horsewhipped his preserver had he met with him again, which fortunately he did not. Whithersoever he travels, however, he is pursued by homœopathy. He gets an attack of pneumonia or pleurisy in Egypt, and a fellow-traveller cures him with a few globules in a trice, and tries to convince him of the truth of Hahnemann's doctrines. Again, in the deserts of Arabia he is attacked by rheumatism and carried by the

Arabs to a convent, where a padre restores him speedily to health with globules. In fine, homœopathy thrusts itself with its marvellous cures so constantly before him that he cannot help embracing it. So he returns home, studies homœopathy at the London Homœopathic Hospital, makes many wonderful cures, and returns to his Sylvia quite reconciled to women who carry little chests. But as the course of true love never yet ran smooth, he finds affairs altered. Sylvia's father has married again, and the new Mrs. Kennicott who thinks very much of what "every body would say," refuses her step-daughter to a homœopathic doctor. Poor old Mr. Kennicott has nothing to say in the matter, as Mrs. K. is autocrat in her own establishment. However, the step-mother's difficulty is got over in the usual way: Dr. Carlingford saves her life just as she is about to be dashed over a precipice by an unmanageable horse. So step-mama relents, and the lovers are married, and the novel ends.—Not quite—there is a supplementary chapter giving an account of Hahnemann, taken from the usual sources. Altogether this novel produces a queer sensation on the reader with its mixture of courtship and cases, medical theories and lover's misunderstandings, and young lady practitioners curing cases that grave old doctors pronounce hopeless. For our own part we prefer to keep our love stories and case-books separate, but there may be others who have no objection to descriptions of horrible diseases and lovely scenery, of patients' symptoms and lovers' ecstasies mixed up together, and to such we would recommend *Who Wins?*

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*The Fixed Principles of Orthodox Medicine.*

[We extract the following from a Leading Article in a recent No. of the *Medical Circular*.]

It is clearly the duty of the conductors of the Medical periodicals to point out to their readers not only the changes which have occurred from time to time in the treatment of disease, but also the reasons why those changes have been made. The tyro in medicine, who endeavours, on the one hand, to make himself acquainted with therapeutics by reading the most esteemed works, and on the other to follow out his reading by observation at the hospitals or on private

patients, will find an almost irreconcilable discrepancy between theory and practice, between the doctrines inculcated by authors and the actual treatment of maladies at the bedside. These considerations have induced us to examine the question in a practical point of view, and to inquire why the teaching of books and the actual management of disease are in such apparent antagonism to one another.

We can hardly take up a manual of medicine or surgery, or even a treatise on any special disease or injury, without finding therapeutical doctrines advanced which are at variance with the practice seen to be pursued at our hospitals or among private patients ; and especially is this the case with the books emanating from the seniors in our Profession. Do we inquire the treatment of inflammation in general, we find the almost stereotyped answer that we must bleed, purge, give calomel, and antimony, and enjoin strict antiphlogistic diet ; do we ask the treatment of cerebritis, pleuritis, pericarditis, peritonitis, we receive the same reply, with the further generalisation that diseases ending in *itis* all require the treatment we have just alluded to. But if we adjourn to any of our hospitals, and watch the practice of the physicians and surgeons, we shall find that the lancet, or, indeed, the abstraction of blood in any way, is but rarely resorted to, even in those very cases where it was once supposed imperatively necessary, and that the other depletory measures have almost alike fallen into disuetude. In some quarters, indeed, the revulsion from the former practice has been so strongly marked that, instead of the belief that inflammation is a condition requiring depletion by low diet and mild diluents, a notion has sprung up that inflammatory diseases ought to be uniformly treated (apparently on the principle of *similia similibus*) by the unsparing use of stimulents.

Again, let us carry ourselves back, in imagination, into the wards of the London Fever Hospital in its close and insalubrious site at Battlebridge, thirty or forty years ago, and witness the copious abstraction of blood which was then universally practised upon the patients, and which was taught to be as necessary to subdue the complaint as the use of the fire engine is essential to stop the conflagration of a building. Then, by way of contrast, let us repair to the present hospital for the same disease in its new and airy site, with its ample and well-ventilated wards, and we shall find that the abstraction of blood is scarcely ever contemplated as a remedial agent, that hardly a leech is ever employed, that depletion of all kinds is avoided,

and that the patients are allowed wine and nourishment almost from the commencement of their malady.

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*The Trichina Disease.*

A physician of Davenport, Iowa, writes,—That a lady had long been afflicted with the symptoms now traced to infestation by trichinæ. She was a native of Holstein; emigrated to the United States. She recovered, except a disability to use her hands in piano-playing. She returned to Altona (Holstein), and was there operated on for malignant tumour of the breast. When the muscles were bared by the scalpel, trichinæ cysts were found in them. She died of the malignant disease, but on autopsy her muscles were found filled with encysted trichinæ *still alive*. It must have been ten years since she had consumed the trichinæ-infested flesh.—*Med. Circ.*, May 11, 1864.

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OBITUARY.

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DEATH OF DR. JOHN MACGILCHRIST, of Edinburgh.

The deceased was born in Lanarkshire in 1821. His early education he received in Glasgow. His medical education was commenced in Edinburgh where he obtained his degree of M.D., and his diploma of the College of Surgeons in 1848. After that he spent some months on board the "Dreadnought" Hospital Ship at Deptford. He completed his medical studies at Vienna, Paris and Dublin. He commenced practice at North Berwick in 1852, and soon obtained the confidence of all the neighbourhood. However he soon tired of this confined sphere, and in 1853 he removed to Edinburgh, where he continued till the time of his death, which took place quite suddenly in April last. The articles from Dr. MacGilchrist's pen that have on various occasions appeared in this Journal, are distinguished by their broad philosophical views, and mark an



epoch in medical literature. His loss will be felt not only by ourselves, who valued him as a personal friend, and an ever willing contributor to our pages, but also by all the reading and thinking homœopathists of England and America, by whom his papers were highly esteemed. Had he lived his intention was to transfer himself to London, where with his liberal and advanced views he would have felt more at ease than among the often narrow-minded and bigoted circles of the Scottish capital.

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### BOOKS RECEIVED.

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*The Common Sense of Homœopathy*, by J. T. TALBOT, M.D. Boston, 1862.

*Publications of the Massachusetts Homœopathic Medical Society for 1861-2.*

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CACTUS GRANDIFLORUS: ITS PATHOGENESIS ON  
THE HEALTHY HUMAN BEING AND CON-  
FIRMED ON THE SICK.

By Dr. ROCCO RUBINI,

Medical Director of the Homœopathic Hospital of S. Maria della Cesarea  
near Naples.

THIS cactus is of great importance on account of its beauty, its great size, and the sweet perfume of its flowers. The flower appears to be inimical to light, so that it opens as the evening advances and in the course of the night withers, closes, and dies before dawn of day. In having hid it from the sun and from the sight of man nature seems to have indicated some peculiar qualities. In having acted, just as man himself does when he hides precious objects for fear of losing them, she seems as though she would say, that this plant was a precious treasure for man himself. Still no one in ancient or modern times, as far as I know, has ever thought of interrogating her, and pressing her as it were to reveal her secrets. This was reserved for homœopathy. She can boast of having succeeded in displaying the *wonderful antiphlogistic virtues*, and proposing to science another means of rapidly curing inflammatory diseases, without blood-letting. If my colleagues and brothers in Æsculapius, for whom I entertain the highest esteem, will give it a fair trial, they will certainly save those blood-lettings which have hitherto been deemed of such ordinary necessity, and they

will not debilitate the systems of their unfortunate patients. In which case I shall esteem myself fortunate if I have contributed to the preservation of those vital forces which are so necessary to sick humanity for the organic reaction requisite to overcome disease. If my colleagues will make use of it, in order to obtain its full effects, they should take care that its action should not be interfered with, or indeed destroyed, by any other medicine. The preparation of this sovereign remedy is so simple, as I shall presently shew, that any druggist and indeed any person may prepare it himself, and have it ready for use and at the service of the doctor.

The characteristic feature of this Cactus consists in this, that while it develops its action *specially in the heart and its blood vessels, dissipating their congestions, and removing their irritations*, it does not weaken the nervous system like Aconite. Hence it is preferable to the latter in all cases of inflammation, especially in patients of lymphatic and nervous temperaments.

The small pathogenesis which I subjoin, is but a tithe of what this medicine can produce in the healthy subject. My wife and I, when we saw that it acted so fearfully on the heart and circulating system as to produce weeping and fright (sym. 67, 74), had not courage to push our experiments further and thereby endanger our lives. I trust that others, endowed with more courage and less timidity than we, may be able to complete and to correct the pathogenesis where I may have erroneously described the symptoms. Every one is aware that repeated proofs are necessary, first on the healthy subject, afterwards on the sick, in order to acquire full conviction and certainty respecting the constant mode of action of any medicine.

This Cactus has cylindrical stems, furnished with five or six branches that are not very prominent, and beset with small spines arranged in a ray-like manner. Usually the flowers appear one by one, they are white, of considerable size, and of a very sweet odour of benzoic acid and vanilla. These flowers open in the morning and shut up at the rising of the sun and do not re-open. The fruit is of an oval shape, covered with scaly tubercles, fleshy, of an orange or fire red colour, full of

very small seeds, and of a slightly acid taste. In Naples it flowers in July, and though originally from Jamaica and the coasts of Mexico, it thrives well in the open air, in the mild climate of this enchanting country.

To prepare the tincture of Cactus, in the manner required by homœopathy for all fresh vegetable substances, the youngest and tenderest branches and the flowers should be gathered in July; they should be cut into very small pieces and put to macerate in rectified spirits of wine, so that there shall be one part of the plant to ten parts of alcohol. It should be allowed to stand in maceration for a month, occasionally shaking the bottle which should be well closed, the tincture when decanted is ready for use.

It acts efficaciously in the dose of mother tincture ( $\Phi$ ), but it also acts well in doses of the 6th, 30th and 100th dilution. I have not given higher than this in my practice; but I believe that in still higher dilutions it will not fail to prove itself an active and energetic remedy. The herpetic eruption which it caused in the last days of its action (sym. 173 to 176) in a healthy man who never was affected with a similar rash, makes me think that it is a most powerful antipsoric medicine. Its action lasts 50 days and longer. *Antidotes*—Aconite, Camphor, China.

#### CLINICAL OBSERVATIONS.

It is a specific remedy for diseases of the heart, in which it acts quickly. In such diseases therefore it must be regarded as a sovereign remedy, to which none other is comparable. In organic diseases of the heart the dose of from 1 to 10 drops of the mother tincture mixed with a little water and taken at intervals during the day rapidly relieves the most severe sufferings even if it does not cure them permanently. In the severe acute affections of this organ the same dose cures them quickly without the aid of any other remedy. In nervous diseases of the heart, globules of the 6th, 30th and 100th dilutions are specially efficacious. It may be used with reliance in the following diseases:

Sanguineous congestions in plethoric individuals; the injuri-

ous consequences of catching cold from suppressed perspiration or from a draught of air; various kinds of inflammation; rheumatic inflammation with swelling of the parts and pain; catarrhal fevers; simple rheumatic fevers; inflammatory fevers; gastric fevers; cerebral congestions; headache from sanguineous congestion, or rheumatic pulsating aching pain in the head; tensive pain in the vertex; sanguineous apoplexy; profuse epistaxis; dry or fluent coryza; acute rheumatic ophthalmia; rheumatic otitis; rheumatism of the heart; rheumatism of the chest; stenocardia; hypertrophy of the heart; aneurism of the heart and of the large arteries; acute and chronic carditis; organic and nervous palpitation of the heart; hepatization of the lungs; sanguineous congestions of the chest; bronchitis; pleuritis; peripneumonia; hæmoptysis; pneumorrhagia; congestive asthma: chronic oppression of the breathing; catarrhal cough; pulmonary tuberculosis in the first stage; nausea; anorexia; hæmatemesis; hepatitis; hæmorrhoidal constipation; fluent hæmorrhoids; painful menstruations; hæmaturia; strangury; paralysis of the bladder; dry scaly herpes on the ankles and elbows.

#### PATHOGENESIS AND THERAPEUTIC EMPLOYMENT.

Vertigo from sanguineous congestion to the head (after 10 days).

Discoloration of the face and emaciation (the first 6 days).

Face inflamed and red, with pulsating pains in the head (the 12th day).

Great heat in the head and inflamed face, as if he had stood before a strong fire, which causes madness and horrible suffocation (the 1st day).

Feeling of emptiness in the head (2nd day).

Very great and intolerable pain in the head, from congestion to the head (4th day).

Heavy pain in the head as if a great weight lay on the vertex.

Pain in the head with general prostration and weariness.

Excessive pain in the head which causes such a sense of suffocation he cannot rest in bed (1st day).

10. Pulsating pain with feeling of weight in the right side of the head, lasting day and night, so severe as to make him cry out (after 4 days).

Most severe pain in the right side of the head, which increases to such a degree as to lift the head from the pillow, for many successive days (after 3 days).

Violent pain in the right half of the head, increased by the sound of talking, and by strong light (in the first 5 days).

Tensive pain in the vertex which returns every 2 days (in the first 20 days).

Heavy pain like a weight on the vertex, diminished by pressure.

Sensation of weight on the vertex, with dull pain, increased by the sound of talking or any other noise.

Heavy pain in the forehead lasting day and night for 2 successive days.

Heavy pain in the forehead increased by strong light and by the sound of loud voices or noises.

Pulsating pain in the temples, getting intolerable at night (2nd day).

Sensation of great weight in the right temple and right eyebrow, diminished by pressure.

20. Constant and tiresome pulsation in the temples and ears, which gives much annoyance and causes hypochondriasis (the first 8 days).

Such violent pulsation in the temples, it seems as though the skull would burst (1st day).

Pain and drawing in the occiput, increased by moving the head.

Painful drawing in the aponeurotic covering of the occiput, relieved by bending the head backwards.

Momentary dazzling of the sight (1st day).

Dazzling of vision; then appear before the eyes circles of red light which obscure the sight (6th day).

Dimness of sight, at a few paces distance he cannot recognise his friends.

At a short distance he cannot recognise any one, not even friends.

Weakness of sight for many successive days, objects appear as if clouded (the first 4 days).

Weakness of vision periodically recurring, objects appear to be obscured.

30. Rheumatic ophthalmia, produced by cold air, which soon goes off.

Troublesome dry coryza ; at night he must breathe with his mouth open.

Fluent and very acrid coryza which irritates the nostrils.

Profuse epistaxis, which soon goes off.

Pulsation in the ears, constant day and night (the first 6 days).

Noise in the ears like the rushing of a river lasting all night (1st day).

Hearing diminished by noises in the ears ; one must talk in a loud voice to make him hear (1st day).

Very painful otitis, from checked perspiration, which gets well in 4 days.

Sleeplessness at night, without apparent cause (1st night).

Sleeplessness at night from arterial pulsation in the scrobiculus and in the right ear (2nd night).

40. Sleeplessness for 48 hours with pulsation in both ears (3rd day).

He cannot sleep in the early part of the night, and when he then falls asleep he awakens suddenly (the first 8 days).

Interrupted sleep at night ; the next morning he feels weary as if he had not slept at all (20th day).

Talking nonsense while asleep at night, on awaking he talks unconnectedly (10th day).

Slight delirium at night ; on rousing up the delirium ceases a while, but recommences as soon as he falls asleep again (7th day).

Hypochondriasis and insuperable sadness (the first 6 days).

Unusual melancholy for which he cannot account (the first 4 days).

Profound hypochondriasis, is unwilling to speak a word (4th day).

Continual taciturnity, he will not answer though repeatedly spoken to (3rd day).

Sadness, taciturnity, and irresistible inclination to weep (the first 6 days).

50. Fear of death extreme and lasting; he believes his disease to be incurable (7th day).

Love of solitude, he always avoids those about him who try to comfort him (9th day).

Extraordinary irritability, the smallest contrariety puts him in a passion (15th day).

Feeling of constriction of the throat which prevents free speech, and on forcing himself to speak, the voice is low and hoarse (10th day).

Constriction in the upper part of the chest which hinders respiration (the first 15 days).

Sensation of great constriction in the middle of the sternum, as if a hoop of iron constricted the part; this feeling produces oppression of the respiration, aggravated by motion (the first 18 days).

Sensation of constriction of the chest as if bound (4th day).

Sensation of painful constriction in the lower part of the chest, as if a cord were tightly tied round the false ribs, with obstruction of the breathing (6th day).

Sensation in the chest as if some one were pressing and holding it tightly, under the delusion that this was the case he cried out, "Leave me alone" (3rd day).

Sensation of great constriction in the shoulders so that he could not move (5th day).

60. Sharp wandering pains in the thoracic cavity, very annoying, especially in the scapular region (the first 15 days).

Painful drawings in the muscles of the left side of the chest, which extend to the shoulder joint and impede respiration and the free motion of the arm.

Pain in the left breast which is increased by touching, and relieved by gently raising it (the first 12 days).

Sensation of very annoying movement from before backwards in the cardiac region, as if a reptile was moving about in the interior, worse by day than by night (the first 10 days).

Sensation of constriction in the heart, as if an iron hand prevented its ordinary movements (the first 10 days).



Heavy dull pains in the region of the heart increased on pressure (2nd day).

Acute pain in the heart, impeding respiration and motion of the body (4th day).

Most acute pain, and such painful stitches in the heart as to cause him to weep and cry out loudly, with obstruction of the respiration (the first 8 days).

Oppression in the left subclavian region, as if a great weight prevented the free dilatation of the thorax (4th day).

Prolonged oppression of the respiration with great anxiety (the first 8 days).

70. Oppression of the chest with loss of breath (the first 4 days).

Oppression of the breathing, as if a great weight on the chest (3rd day).

Chronic oppression of the breathing increased in the open air, and soon goes off again.

Difficulty of breathing, constant oppression and anxiety, as if the chest were constricted with an iron hoop, and could not dilate itself for normal respiration (the first 8 days).

Periodical attacks of suffocation with faintness, cold sweat on the face and loss of pulse (the first 8 days).

Anxiety recurring in the evening (the first 15 days).

Congestive asthma, quickly going off.

Palpitation of the heart, constant day and night, worse when walking and at night when lying on the left side (the first 6 days).

Nervous palpitation of the heart much augmented on the occurrence of the catamenia.

Nervous palpitation of the heart produced by mental exertion is immediately calmed.

80. Nervous palpitation of the heart existing for several years, in consequence of an unfortunate love affair, is rapidly relieved.

Chronic palpitation of the heart in a youth of 12, which for years had resisted all the appliances of art, was almost completely cured.

Acute carditis, with slight cyanosis of the face. oppression of

the breathing, dry cough, sharp pain at the heart, impossibility of lying on the left side, pulse throbbing, quick, tense and hard, these symptoms were removed in 4 days.

Chronic carditis, with œdematous and cyanotic face, suffocating respiration, constant dull pain at the heart, hydropericardium, hydrothorax, ascites, œdema of the hands, the legs and the feet, impossibility of lying in bed, of speaking or even of drinking, hands and feet cold, pulse intermitting, cured in 15 days.

Rheumatic carditis, with dry convulsive cough, which is cured in 4 days.

Hypertrophy of the heart that had lasted three years ; the patient is pulseless, extremely prostrated, short-breathed, cannot lie down, cannot speak, has had no sleep for fifteen days, weak, dull, feet œdematous ; he soon gets relief, lies down and sleeps quietly 12 hours.

Sanguineous congestion in the chest, which prevents him lying down in bed (3rd day).

Bronchitis rapidly cured.

Chronic bronchitis with mucous rattle, which, getting acute in consequence of a chill, causes great anxiety and suffocation ; it is rapidly relieved and the acute stage soon passes off.

Chronic bronchitis of many years duration, with mucous rattle, lasting day and night, with short breath on going upstairs, and impossibility of lying horizontally in bed, which is rapidly cured.

90. Many pleurisies which are all cured in from 2 to 4 days.

Hepatization of the lungs which is resolved in a few days.

Most severe peripneumonia, with great oppression of the respiration, acute stitching pain, intense cough, sanguinolent sputa, hard thrilling pulse of 120, which is cured in four days.

Hæmoptysis which soon ceases.

Frightful pneumorrhagia, which is arrested and stops entirely in a few hours.

Pneumorrhagia, which occurs every four, six, seven or eight hours, accompanied with convulsive cough, and causing the loss of two or three pounds of blood, is soon diminished and ceases entirely in four days.

Obstinate stertorous cough, worst at night.

Catarrhal cough with much viscid expectoration.

Convulsive cough with copious mucous expectoration.

Cough with thick expectoration like boiled starch and very yellow.

100. Dry cough from pricking in the throat (the first 15 days).

Dry cough from itching in the larynx (1st night).

Constriction in the œsophagus, which prevents swallowing; he must drink a large quantity of water to get it down into the stomach (6th day).

Constriction in the throat, which causes him to swallow his saliva frequently (8th day).

Fetid breath in the morning (3rd day).

Nausea in the morning, and all day long (7th day).

Acrid acid in the stomach, which comes up into the throat and mouth and makes everything taste acid that he eats (4th day).

Sensation of great burning in the stomach (first 5 days).

Great thirst which causes him to drink much water (1st day).

Sensation of great constriction in the scrobiculus, which extending to the hypochondria, constricts them and impedes respiration (4th day).

110. Strong pulsation in the scrobiculus (first 8 days).

Constant and annoying pulsation in the stomach.

Very troublesome pulsation of the coeliac artery after dinner, which lasts three hours, and corresponds with the pulsation of the right temporal artery.

Heavy feeling in the stomach.

Sensation of a great weight on the stomach which lasts many days (first 8 days).

Sensation of weight in the stomach which soon goes off, but recurs every time the medicine is taken (the first 15 days).

Oppression and weight in the stomach (4th day).

Want of appetite and loss of the taste of food, which goes off after some hours (2nd day).

Complete loss of appetite, he cannot take the least morsel of food (3rd day).

Loss of appetite and nausea for many days, it is only by an effort that he can swallow a few mouthfuls (the first 14 days).

120. Great appetite, but weak and slow digestion (20th day).

Very slow digestion, after even 8 or 10 hours the taste of the food rises up in the throat.

Bad digestion, all food causes weight in the stomach, and so much suffering that he prefers to remain without eating.

Copious vomiting of blood.

Very severe gastro-enteritis, cured in 5 days.

Severe hepatitis, cured in 2 days.

Chronic hepatitis and hepatic engorgement, speedily cured.

Borborygmus in the bowels preceding the alvine evacuation.

Distressing sensation in the bowels which annoys him much, as if a serpent were twisting about inside of him (4th day).

Very violent pains in the bowels almost causing him to faint, which lasts more or less all day (7th day).

Wandering pains in the umbilical region, which cease and recur periodically (5th day).

Insupportable heat in the abdomen, as though something burnt him internally (after 2 days).

The abdominal parietes when touched with the hand feel burning and are much hotter than the other parts of the body (8th day).

Constipation the first 6 days.

Constipation as if from hæmorrhoidal congestion.

Evacuation of hard black fæces immediately after taking the remedy in a man who had been constipated for two days; the following day bilious evacuations (1st day).

Bilious diarrhœa with four or five evacuations in the day, always preceded by pain (3rd day).

Diarrhœa in the morning of very loose fæces, preceded by great pain, eight motions from 6 to 12 a.m.; no motions in the afternoon (7th day).

Watery diarrhœa, very abundant each time, the motions in the morning always preceded by pains and borborygmus (9th day).

140. Mucous diarrhoea preceded by drawing pains, three motions in the day (12th day).

Sensation of great weight in the anus and desire to evacuate, however nothing passes (15th day).

Swollen varices outside the anus which cause much pain.

Great itching in the anus which causes him to smart often.

Pricks in the anus as with sharp pins which cease on rubbing.

Copious hæmorrhage from the anus which soon ceases.

Constriction in the neck of the bladder, which at first prevents the passage of the urine, but when he strains much he succeeds in urinating as usual (10th day).

Great desire to pass water, and though he passes a long time trying to do it he cannot pass a drop (1st day).

Desire to make water, and after having in vain tried to do so for a long while, he at last succeeds in passing water abundantly (1st day).

Insupportable irritation in the urethra as if he should make water constantly.

150. Frequent desire to make water, with a large flow of urine each time, at night (the first 6 days).

Heat in the urethra, which increases gradually and becomes insupportable (5th day).

Urine passed by drops with much heat (4th day).

Involuntary escape of urine in bed, whilst asleep at 5 a.m. (1st night).

Urine less copious than usual (first 4 days).

Very copious urine of a straw-colour (1st day).

Urine very much increased, he must pass water very frequently, and each time he discharges a great quantity.

Urine reddish, turbid, very abundant.

Urine on cooling deposits red sand.

Frightful hæmaturia from hæmorrhoidal congestion in the bladder, retention of urine, paralysis of the bladder; the catheter with difficulty breaks through the sanguineous clots which with difficulty pass into the catheter in order to escape with the urine; the patient who for 47 days had in vain tried all other remedies, was cured completely in a few days.

160. Sensation of painful constriction in the groins, extending round the pelvis.

Painful sensation of constriction in the uterine region, which gradually rises upwards, and in a quarter of an hour reaches the stomach and causes the sensation of a great blow in the back that makes her call out, after which it rapidly goes off (1st day after taking a globule of the 100th).

Pain in the uterus and its ligaments, recurring every evening, and increasing gradually till 11 p.m. when it is worst; it then ceases until the following evening, for many successive days (after 14 days).

Pulsating pain in the uterus and ovarian regions, like an internal tumour suppurating; the pain extends to the thighs and becomes unsupportable; it then ceases completely and occurs at the same time the next day and so on for many successive days (after 15 days).

Very painful menstruation accompanied by great prostration of strength so that she must remain in bed three days (after 8 days).

Menstruation with most horrible pains causing her to cry out and weep (5th day).

Menstruation which was usually preceded by pretty strong pains, comes this time without any pain and very copiously.

Menstruation eight days too soon in a woman in whom it was usually seven days too late (3rd day).

Menstruation scanty, which stops when she lies down.

Menstruation of black pitchy blood, rather copious.

170. Labour suppressed for ten days, recommences the first day after the administration of the remedy.

Formication and weight in the arms which cannot be raised freely, worst in the left arm.

Œdema of the hands, worst in the left.

Dry scaly herpes at the outside of the right elbow, without itching, of about an inch and a half in breadth (after 30 days).

A similar dry scaly herpetic eruption at the outside of the left elbow (after 48 days).

Dry scaly herpes, two inches broad, on the left internal malleolus, without itching (after 24 days).

A similar dry scaly herpes on the right internal malleolus (after 38 days).

Great itching in the ankles (20th day).

Very violent itching, causing him to scratch, on the lower part of the tibia (after 21 days).

Œdema of the legs up to the knees; the skin is shining, and pressure with the finger leaves a depression for a long time.

Œdema of the feet up to the inferior third of the legs, which soon goes off.

He cannot rest still when sitting, he must throw his legs about hither and thither involuntarily.

General weakness with sadness and bad humour.

General weakness so that he cannot venture to speak.

Weakness so great that he cannot venture to do anything, not even to walk across the room.

Great weakness for many successive days, he cannot venture to walk at all.

Great corporeal depression, he cannot trust himself to stand.

Great prostration of forces, so that he must remain in bed, not feeling able to use his legs.

General malaise, and such weakness as to be unable to rise from the seat.

Depression and languor all day.

190. Great coldness at night which lasts half an hour (1st day).

Slight rigor towards 10 p.m. (1st day).

Slight coldness which passes off quickly towards 2 p.m. (1st day).

General rigor so severe as to make the teeth chatter, which lasts three hours and does not go off although he lies down and covers himself over with many blankets (1st day).

Burning heat which causes suffocation and restlessness so that he cannot remain quiet in bed; this heat succeeds to the rigor of three hours duration, and lasts twenty hours (1st day).

Burning heat in the course of the night with great pain in

the head, great dyspnœa, and inability to remain lying (1st day).

Copious sweat, which follows the hot stage (1st day).

Slight fever with pain in the head, which develops itself after a very short rigor; it lasts but a short time and terminates with slight sweat at 4 p.m. (1st day).

Quotidian intermittent fever, which recurs every day at the same hour for many successive days. At 1 p.m. slight rigor, then burning heat, dyspnœa and great pulsating pains in the uterine region, terminating in slight sweat. From 11 p.m. till 12 a.m. the next day, complete apyrexia (after 13 days).

Quotidian intermittent fever not subdued by Sulphate of Quinine, is immediately checked. At 11 a.m. some rigor for two hours, then burning heat with great dyspnœa, thirst, extreme pain in the head, coma, stupefaction, insensibility till 12 midnight; terminating in inextinguishable thirst, and very copious sweat. At 4 a.m. of the following day complete apyrexia and feeling of perfect state of health, which lasts 7 hours. Then at 11 a.m. the paroxysm returns and it recurs constantly for five successive days, unmodified by the Quinine.

200. Pulse completely lost for several days in a man affected with chronic hypertrophy of the heart; immediately after taking the remedy the pulsation returns with an irregular rhythm and intermitting as before.

*Note by Dr. Russell.*

So small a number of the multitude of medicines fulfil the expectations raised by the terms employed by those who introduce them to our notice, that busy practitioners may well be pardoned if they enquire somewhat suspiciously for the credentials of any new candidate for their attention: and as the name of Dr. Rubini may probably not be familiar to most of the readers of this Journal, some account of the way in which this proving of *Cactus* came over to us may satisfy the legitimate curiosity of our colleagues, and perhaps induce them to receive the new comer with more cordiality than if he presented himself as a stranger without any introduction.

About two years and-a-half ago I was consulted by a patient, of whose case the following account may enable the reader to form an opinion:—Between twenty and thirty years of age, tall, slender and active; remarkable for intellectual endowment and culture; very clear, exact and



truthful in her description both of her own feelings and of what she observed. As a girl she had suffered from attacks of acute rheumatism, which, however, did not prevent her taking much severe exercise both on foot and horseback after they were past. Some four years ago after stooping while packing, she became suddenly affected with pain in the lumbar region: and she suffered excruciating agony (no other words are strong enough to express her sufferings,) for two days at the beginning of the catamenial period. The action of the heart was very peculiar; it beat with great force and irregularity. There was no displacement nor valvular disease. She described it as if grasped with an iron hand. The palpitation was excited by any strong mental emotion or bodily exertion. It affected both the lungs and head, producing dyspnoea and violent throbbing head-ache. My impression is that she must have had pericarditis with the rheumatism, and that the heart must have been bound by bands of lymph, hence that concentric hypertrophy of the ventricles ensued. She was under my care, latterly assisted by Mr. Leadam, who found ulceration of the os and congestion of the cervix uteri, for about two years and-a-half—partly in this country where I visited her, partly in Italy where I sent her medicines. Although somewhat relieved chiefly by Belladonna and Naja, she derived no permanent good from the medicines I administered or the local treatment adopted by Mr. Leadam; on the contrary the last winter spent at Rome was by much the worst. She was confined constantly to the house, and was almost never free from pain: she wasted and her friends were apprehensive of her vital powers sinking under her long sufferings. The following extracts from the letters of this patient will put the reader in possession of all the knowledge I have of this matter, and I can answer for all that comes from her pen being absolutely trustworthy, if within the sphere of her own consciousness or personal observation.

“17th July, 1864.

“When I sent you from Naples the pamphlets of Dr. Rubini about the new medicine, the *Cactus grandiflorus*, I had not time to tell you what I knew of Dr. R. and his experiments. During the winter at Rome I had several times heard him spoken of and of the wonderful power of the new medicine. An English lady who left Rome suffering from bronchitis and an affection of the heart of long standing, derived so much benefit from it, that she could not praise it enough, and carried home a large supply with her. Dr. Rubini is a man past middle life, and has been ever since 1848 occupied in observing the effect of this medicine. In his pamphlet he speaks very modestly of his experiments on himself; but the fact is that he has suffered most severely in health from his perseverance in the cause of science. He holds quite the first place as homœopathic physician in Naples, and having private means has been able to do much good, which otherwise would not have been in his

power. It was he who immediately, on the change of government, took advantage of the newly acquired liberty to found the Homœopathic Hospital, which had not been permitted under the Bourbons. His well-known liberal principles of course had kept him in bad odour, and every project of his was immediately quashed by the government. With regard to myself I have told you so often how horribly I have suffered that there is no need to repeat *that*, but I can say with a real satisfaction that the last time has been quite bearable; that I have faith when Dr. Rubini says that in a few months the pain will not return at all. I no longer look forward with dismay to certain days, and I have a hope that I may even get strong when this great suffering is so calmed that I do not constantly lose the little strength I may have regained in the interval. Besides this, it certainly has done my heart and chest good."

Although there is more promise than fulfilment in this statement, yet to one acquainted with the case—the severest of the kind and least amenable to treatment I ever saw—even this amount of improvement is a great achievement for any medicine to have effected.

It remains only to say that the translation of the pamphlet having been made by Dr. Dudgeon is a sufficient authentication of its accuracy—and that the supply of the Cactus sent me by Dr. Rubini is in the hands of Leath and Ross, Homœopathic Chemists, who have made all the usual preparations of it.

J. R. R.

## OUR RELATIONS WITH THE OLD SCHOOL.

It is difficult even for the most charitable to vindicate the conduct of the great bulk of the medical profession in its bearing towards the minority which believes and practises in accordance with principles denounced, *ex cathedra*, not as false but only as too exclusive. If the majority, thus intolerant of error, were firmly united by the bonds of a common creed and strong faith in the unity and infallibility of their own church, we could understand their dislike to all who, by denying what authority teaches, weakened their influence and power of usefulness. If the members of the College of Surgeons of Ireland had the same respect for the decisions of their College on all medical matters, that the adherents of the Roman Catholic Church have for the decrees of its Pope and Councils, then it would not be surprising to find that, having given up

their right of private judgment on all points of practice, they should allow their College to overstep the rigid limits of its jurisdiction and dictate to them on questions of professional morality. If this were the case we might lament, but could hardly censure, the wonderful occurrence which took place in Dublin a few months ago. The aged Archbishop was dying of *gangrena senilis*, and for the comfort of his family he wished to see a surgeon. His medical attendant was a member of the Dublin University and of the College of Surgeons, and had done nothing to forfeit his professional status ; yet because he prescribed medicines in different doses and according to a principle only occasionally, not uniformly, adopted by the College of Surgeons, the surgeon declined to go and see the dying Archbishop, unless his Grace submitted to the ignominious condition of dismissing the physician who had been his comfort and support for years. The document deserves to be placed on record, it runs thus :—

“Mr. A. presents his compliments to Dr. Scriven, and in reply to his note just received, begs to say that as his Grace the Archbishop of Dublin has decided that he will have no surgeon to visit him who will not meet Dr. Scriven in consultation, Mr. A. regrets that he cannot have the honour of prescribing for his Grace under circumstances which would be a direct violation of a recent ordinance of the College of Surgeons of Ireland, of which Dr. Scriven is aware.”

To this remarkable letter the Archbishop replied that he was “so opposed to tyranny in any shape that things must go on as they were.” That is, he declined the attentions of the surgeon because he could not accept them without giving his countenance to tyranny ; and the brave old man preferred to die true to himself, rather than give up the principle for which he had been contending during his whole life.

When Archbishop Whately stigmatised the conduct of the College of Surgeons as tyranny he used an expression the propriety of which he had previously vindicated. In reference to the “ordinance” which Mr. A. treated with such respect,

and which runs that "no fellow or licentiate of the Royal College of Surgeons of Ireland shall consult with, meet, advise, direct or assist any person who professes to cure diseases by homœopathy," &c., &c., the Archbishop had written: "I was well aware of the detestable act of tyranny you refer to. I believe some persons were overawed into taking part in it against their own judgment. I have always protested against such conduct in all departments of life. \* \* \* A man has a right to refuse to work except for such wages or under such conditions as he himself chooses to prescribe, but he has no right to *compel others to concur with him*. If there is any mode of medical treatment which he disapproves of, or any system of education which he thinks objectionable, he will be likely to keep clear of it of his own accord, without any need of compulsion or pledges. *Those, again, who may think differently ought not to be coerced or bullied.* \* \* \* The truth is, the majority of mankind have no real love of liberty, except that they are glad to have it themselves, but they have neither spirit enough to stand up firmly for their own rights nor sufficient sense of justice to respect the rights of others. They will submit to the domineering of a majority of their own party, and will join with them in domineering over others. In the midst of the disgust and shame which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the system denounced, to see that there is something of a testimony borne to them by their adversaries who *dare* not trust the cause to the decision of reason and experience, but resort to such expedients as might as ably be employed for a bad cause as a good."

A college has no right then, according to Archbishop Whately, to interdict its members from associating with those who think differently on matters of science from the majority of which the College is composed. Think differently from the College! Does the College of Surgeons or Physicians, or the Apothecaries' Company, think with any kind of approach to unanimity? When homœopathy is contrasted with the old system—we avoid calling it allopathy, for many object to the designa-

tion—is it possible so to define the latter system except as that which is not *altogether* homœopathy? There is much more divergence of principle and practice between different adherents of the old school than between a large and important minority in that heterogeneous body and the School of Hahnemann. Let us illustrate our statement by an anecdote and a quotation from the *Lancet*. The following incident happened to one of our body, and we shall let him tell it in his own words:—

“We were talking of the change that is coming over the younger members of the profession and of their tendency to approximate to us. I met with an interesting example of this the other day. Late one evening a lady called at my house and begged of me to accompany her at once to see a child, which she represented as at the point of death. Accordingly I went with her and was taken to the house where the little sufferer lay. I was shewn into the parlour and introduced to the medical attendant. He was a young physician who received me with great politeness and gave me the history of the case. The little girl was seven years of age; she had always been delicate. Some months ago she had been attacked with some intestinal derangement, accompanied with diarrhœa, and latterly, very alarming head-symptoms had appeared. The regular medical attendant of the family was not at home, and in his absence my informant had been called in. He treated the child with various mild medicines, but there was no decided improvement, rather the reverse. The old practitioner returned to town, came and saw the child, and ordered a large blister to be applied to the back of the head. To this my informant strongly objected, but the old gentleman was obstinate, would have, and had his way. Things went from bad to worse, and *la voila!* I then went upstairs and found the child insensible, with a very rapid feeble pulse, enlarged pupils, and most decided squint. The mother, who had long been a homœopathist, but whose wishes in regard to the treatment had been overruled till too late, was in a state of utter distraction, she implored me to undertake the case and do something for the child. On going down to the parlour I told the young physician my

opinion that the case was hopeless, but that I had no choice but to undertake it, and that if he liked I should be most happy he watched the treatment. To this he replied that he should like to do so, but he was afraid it would give offence to the old practitioner; at the same time he expressed his gratification at having met me. I said, 'from what you tell me it seems to me that in your practice you are much nearer me than the old gentleman whom you meet and with whom you differ.' My young friend smiled significantly and I believe entirely agreed with my words. I then told him the medicine I gave, and I found him in the house next morning when I came. The case soon terminated as we anticipated, indeed there was no hope of the child from the first; but I confess I think there is hope of the young physician. At all events recalling as I do the horror I have generally excited when brought into the presence of the *soi-disant* orthodox doctors, I could not but be gratified at so very different a reception in this instance."

In the *Lancet* of last July there appeared a curious table. A medical practitioner, who had long suffered from hay fever, had from time to time consulted various medical men by letter, and he gives us, in a tabular survey, the opinions they gave him of the causes of this disease and the remedies, as follows:

| Consulted | OPINION OF CAUSE.  | RECOMMENDED.   |
|-----------|--|--|
| Dr. A.    | A predisposition to phthisis ...                               | Quinine and sea voyage.  |
| Dr. B.    | Disease of pneumogastric nerve                                 | Arsen., Bell. and Cinchona.  |
| Dr. C.    | Disease of the caruncula .....                                 | To apply Bell. and Zinc.   |
| Dr. D.    | Inflammation of Schneiderian<br>membrane .....                 | To paint with Nitrate of<br>Silver.                                  |
| Dr. E.    | Strumous diathesis.....  | Quinine, Cod-liver oil and<br>wine.                                  |
| Dr. F.    | Dyspepsia .....  | Kreasote, Henbane, Quinine   |
| Dr. G.    | Vapour of Chlorophyll .....                                    | Remain in a room from<br>11 A.M. to 6 P.M.                           |
| Dr. H.    | Light, debility, hay pollen .....                              | Ditto, Port wine, snuff<br>Salt and Opium, and<br>wear blue glasses. |
| Dr. L.    | From large doses of Iodine<br>( <i>never took any Iodine</i> ) | Try Quinine and Opium.   |
| Dr. M.    | Disease of iris .....  | Avoid the sun's rays from<br>11 A.M. to 6 P.M.                       |

| Consulted | OPINION OF CAUSE.              | RECOMMENDED.                   |
|-----------|--------------------------------|--------------------------------|
| Dr. N.    | Want of red corpuscles .....   | Try Iron, Port wine and soups. |
| Dr. O.    | Disease of optic nerve .....   | Phosph. ac. and Quinine.       |
| Dr. P.    | Asthma from hay pollen.....    | Chlorodyne and Quinine.        |
| Dr. Q.    | Phrenitis.....                 | Small doses of Opium.          |
| Dr. R.    | Nervous debility from heat ... | Turkish Baths.                 |

"Herewith," writes Mr. Jones, the correspondent of the *Lancet*, "I forward a synopsis of the opinions of a *few of the most eminent* men in various counties that I have consulted. I have substituted a letter for the name, *as I do not think it prudent to place before the general reader the names of those who have so disagreed.*" \*

We admire the magnanimity of Mr. Jones, for after having been told that he had "a predisposition to phthisis;" that he was of a "strumous diathesis;" that he had "disease of the pneumogastric nerve;" "dyspepsia;" "disease of the iris;" "disease of the optic nerve;" "disease of the olfactory nerve;" that he had had "phrenitis;" and was "poisoned by Iodine;" and that in order to better his condition he was to take "Quinine, Arsenic, Belladonna, Cod-liver oil, Krcasote, Henbane, Opium, Phosphoric acid, Chlorodyne, soups and Port wine; to paint his nostrils with lunar caustic and snuff Salt and Opium; to wear blue glasses; to remain at home all day and take Turkish baths," we are surprised that he was restrained from taking all the revenge in his power upon his formidable friends.

Could any one seriously maintain that the addition of a few homœopathic recipes would add to the incongruity of this list? Certainly not. No one can for a moment pretend that the practitioners of the old system have arrived at such unanimity as to warrant their issuing a series of articles of faith, a disbelief in which shall disqualify the dissentient from holding professional intercourse or communion with the believers in the articles. The only commandments these colleges issue are

\* We have been informed by very good authority that the reason why the treatment of the late lamented Prince Consort was never made public, was that it would have called forth so severe animadversion from the different members of the orthodox body of practitioners, as to have afforded a dangerous weapon in the hands of the homœopaths.

like the latter portion of the decalogue and begin "Thou shalt not" What? Keep company with an unbeliever. In what?

There is a pleasant anecdote told of the first Earl of Shaftesbury. He was overheard by a lady muttering to himself, "Well, well, all men of sense are of one way of thinking on matters of religion." The fair and innocent listener exclaimed, "Ah! my Lord, I have you now. Pray what may that one way be on which all men of sense agree." "That," said the Earl, with a smile of inscrutable politeness, "no man of sense ever tells." We recommend the moral of this anecdote to our friends on the other side, they rival the clever Earl in the depth of their scepticism, let them equal him in the elegance of his tacit admission. But to unite total unbelief with fierce and rude denunciations of those who will not concur in the dismal cry of modern medicine, "there is no truth;" is as unseemly as the rage of the atheist against those who in spite of *his* entire satisfaction with the blank "eye-socket," the vacant orbit of the universe, persist in looking on the eye of the Almighty within the socket—the luminous orb within the orbit—and by their gaze derive comfort and guidance. *They* may be wrong and *he* may be right, but why should he be fretted because of their belief? So with our opponents.

"The only difference," said the late celebrated John Thompson, the biographer of Cullen, and predecessor of Professor Henderson, "the only difference between me and the homœopaths is that they give *very little* medicine, I give *none*." When such gentlemen are pressed, and free to answer, why they will not meet us, their reply is—"Because we look upon you as impostors. You pretend to do that which you know you don't do. You attribute to your doses effects which your common sense tells you they cannot produce. This is the real ground of our avoiding you. You are tainted with a moral leprosy and it is right you should be excluded from society, since we have not the power of shutting you up as you deserve to be." Such we believe is the substance of what a vast majority of medical men in these islands think of us, and thus to themselves do they justify what the world calls gross professional illiberality.



We admit the sufficiency of the defence, if there were grounds to establish the justness of the accusation. If trusting to nature and to diet we amused our patients with globules we should deserve the contempt and avoidance of all honourable men. But knowing as we do that the errors of homœopathists are all the other way, that instead of attributing too little effect to mere medication, as a rule, they attribute too much, we feel confident that there will be a reaction in our favour, when the medical mind of this country is really satisfied of our honesty. Nay, we know that there is a reaction already. Hardly a week passes without our receiving a communication in some form or other from some one anxious to study homœopathy. In fact, the receipt of so many inquiries has been the exciting cause of our taking up our pen at present in the vague hope that we may be able to give some useful information to those who desire it; or at least by acquainting them with the fact that the reason we do not reply to their letters is not that we are not deeply interested in their tentative efforts—their groping towards the light—but from the great difficulty we feel in affording them any real assistance; and from a deep conviction that the aphorism of Hippocrates to the effect, “at all events do no harm,” is as applicable to counsel in the affairs of life and in the region of speculation as to the practice of medicine.

It is something for one, who is now timidly feeling his way out of the old towards the new, to be made aware that he is not alone, but that there are, at present in this country, many undeclared practitioners of homœopathy. That there are many in this condition may seem a contradiction to what we have just alleged of the general state of the medical mind, and of the intolerance of all medical organisations. To this objection we reply, that as a rule a minority has no public voice—especially what we may call a migrating minority—a minority thoroughly dissatisfied with its present position, but not so thoroughly satisfied of the one it thinks of occupying as to venture to leap the dividing chasm. Homœopathists, although a very small minority, have organs of opinion, and whenever anyone fairly gets over to us he is comforted by finding so many there before him. But it is before he comes out, while he still passes for an

orthodox member of his body, that his position is anomalous. In all statistical returns he would be classed among the allo-paths; he does as they do; he is part and parcel of the bodies who act so rudely to us; he takes in the *Lancet*; but all this he does under protest, more or less loudly expressed, according to his courage and his temperament. But the world at large knows nothing of this protest; it has no time to analyze bodies and to appreciate fine differences. If he wishes to raise his voice, how can he do it? Write to the *Lancet*? It rejects his letter, and it acts wisely according to its generation. The organ of a party expresses its dogmas, not its doubts; it cannot afford to offend the bulk of its subscribers by even hinting to them that the zeal they display against homœopathy has the unfortunate *note* (to borrow the expression of Dr. Newman) of selfishness upon it. The description Elia gives of a true Caledonian is more applicable to a model editor, whether of the *Lancet* or the *Times*. "His understanding is always at its meridian; you never see the first dawn—the early streaks; he has no flutterings of self-suspicion; surmises, guesses, misgivings, half-intuitions, semi-consciousnesses, partial illuminations, dim instincts, embryo conceptions, have no place in his mind or vocabulary. The twilight of dubiety never falls upon him. Is he orthodox? he has no doubts. Is he an infidel? he has none either. Between the affirmative and the negative there is no border land with him; you cannot hover with him upon the confines of truth, or wander in the maze of a probable argument; he always keeps the path. You cannot make excursions with him, for he sets you right; his taste never fluctuates; his morality never abates; he cannot compromise or understand middle actions; there can be but a right and a wrong; his affirmations have the sanctity of an oath."

Between the Scotchman thus described and our model editor—say of the *Lancet*—there is this difference: in the case of Lamb's Scotchman the self-sufficiency is real, but with the editor it is only assumed. Get your intolerant and dogmatic editor after dinner over his wine and cigar, ask him if he really means what he writes, and the chances are he laughs in your face. "Mean

it? of course not, personally. I know many homœopathists who are as good fellows as any going, but suppose I were on that account to admit their letters, what would be the consequence? Why, one of two things, either I should have to devote all my columns to the replies, or I should lose the bulk of my subscribers and have the satisfaction of seeing the other Medical Journal over the way spring into sudden popularity by pretending to come to the rescue of the outraged consciences of the profession. No, no, we editors are like the later Roman emperors; when we are once raised on the shields of our comrades, we may brag and bully the outsiders *ad libitum*, but woe to us if we venture to check our faithful followers: we must let them loot as they like, so long as they sustain us up here and help us to keep the barbarians at a safe distance."

So we say to our indignant neophyte, who, having been by some cause or other led to try homœopathic remedies, has, to his utter amazement, found them curing his old chronic cases which had baffled him for years—"Don't write to the *Lancet*. Your indignation at the abuse we endure is natural, but it is in the nature of things that it should be so; aye, and that their ferocity should augment with the danger to their system. It is easy for us to indulge in expressions of reprobation and disgust at the horrors of the war now raging in America. Should we be so mealy-mouthed if London were starving in consequence of one army of Irish at the mouth of the Thames, another at Reigate, and another at Rugby? So long as the party exists at all as a party it will use the same language, only the key will be sharper the nearer it approaches dissolution. The smaller the pipe the shriller the sound; when you hear it screaming like a railway whistle, prepare for sudden silence. But that will not be in our day."

If among our readers there happen to be any for whom we specially write, any medical practitioners in the inceptive stage of belief, we hear them exclaim—"And is that all you have to say? does all this introduction lead to nothing more than telling us *not to write to the Lancet*?" We pray your patience, gentle reader, and beg you to understand that there is more

temptation to write to the *Lancet*—that is, to be angry and explosive towards your old friends than you are, perhaps, aware of. It is too much the fashion for every one, on his adopting homœopathy, to make a popular confession of the fact by the publication of a pamphlet. There was a time when our numbers were fewer, and when every addition was hailed with gratulation; as was no doubt each successive arrival in New England after the tiny May-flower had deposited its crew on the shores of New England; but as years rolled on the numbers of the emigrants increased, and their character changed, and, except under exceptional circumstances, they cannot now expect *all* to be welcomed with jubilation. Besides, many of these popular confessions—by which term we do not mean that the pamphlets were popular in the sense of being eagerly bought by the public, but that they were (with few exceptions) addressed exclusively to the public—had the faults of the stage of first love upon them: the neophyte performed more wonderful cures in a month than the experienced practitioner in a year. In fact, his cures are to him all wonders, and his exultation is natural; but it will save him much regret if he keeps his feelings on the subject to himself. If he publish in his callow stage, before he has had an opportunity of verifying his belief by an extensive series of observations, or of ascertaining the limits of his powers, he will be somewhat dismayed at a later period to find he has committed himself to much he would fain, but cannot, unsay. These observations do not, of course, apply to hospital physicians,—men in the position held by the late Doctor Tessier, of Paris, or Professor Henderson, of Edinburgh; occupying public trusts have correlative public duties, they are bound to make the world know the reasons which induce them to abandon the usual and to adopt an unusual method of practice. In some respects they are in favourable although very trying circumstances, and any hospital physician who dares to resist the suspicion and obloquy which awaits even the inquirer into homœopathy, must have a certain heroic element of character; in fact, the basis of all that is heroic in human nature—the devotion to an idea, to truth for its own sake, altogether irrespective of the consequences to

himself personally from the result of his inquiries. That there are such men among us now we know and rejoice at, not on account of the influence they are likely to exert in our favour, but because it is refreshing in an age of so much apparent baseness, to have the assurance that below the dross there is true worth, true nobility, that which maintains the conditions of a higher life, pent up now, so as to be unknown and disbelieved in, but which will assuredly break forth into efflorescence to the amazement of the generation of sceptics who deny the existence of any force but what they can gauge and manipulate.

But this is a digression, and we shall reserve any suggestions to this small but influential class till we have finished our curtain lecture to the pamphleteers. We should be very sorry that it were supposed we undervalued the good effects of popular tracts, like those of Dr. Sharp, Dr. Moore, and others. For their object, at their time, they were very useful. Written in a remarkably lucid style, they made homœopathy intelligible to a great mass of persons who before were unacquainted with it. But even of so excellent a thing as tracts, it is possible to have enough and to spare, and so we should strongly advise converts in future neither to write to the *Lancet* nor to publish a pamphlet; but we shall tell them what to do if they are in the position of one of our correspondents, who writes to us in the following terms:—

“Allow me to ask your advice on the best mode of trying to possess myself of a knowledge of homœopathy—practical and sound. I have obtained the diploma of ——— and of the ———, and would now turn my whole mind to homœopathy; and though I have had some experience and possess, as it is, some knowledge of the subject, acquired during the last five or six years, yet, encouraged by your former offer to aid me in any way in your power, I have thought of asking the benefit of your experience in this way. I propose staying in ——— (his native place) and practising homœopathy, although I have been invited, &c.”

Although we have never seen the writer of this letter, and have only the slightest acquaintance with him by correspond-

ence, it is impossible not to feel a keen interest in the modest and manly manner he sets about preparing himself for the great task before him. To such an one, if his health fail not, success is certain, and he evidently will not be satisfied with a "settled low content," but will aim at a high measure of excellence for its own sake.

It is not in the nature of minds of the class to which Dr. C. belongs, and which we welcome as amongst our best recruits, to be satisfied with a mere manual of practice. They desire a thorough knowledge of the system: how it arose and how it has been modified by the experience of its practitioners gained during the last fifty years. To enable them to do so we should insist upon their acquiring the German language. For some time to come they will have leisure enough on their hands, and they will find that the want of an acquaintance with the mother-tongue of homœopathy is a serious loss to them in many ways. Not knowing German deprives them of access to a great many useful practical and theoretical works, which have not been translated; moreover, it prevents them reading in the original the provings of our best medicines, and thus getting nearer, as it were, to the spirit of the great prover, the Founder of our system. And possessing this knowledge is a security against the tricks of those who quack it, of those who impose upon the credulous and weak by pretending to excessive zeal for the literal truth as taught by Hahnemann, when their whole life and language is little better than a falsehood.

We shall suppose a sufficient acquaintance with German to read, with the aid of a dictionary, the *Materia Medica* of Hahnemann and other medical writings, which, on the whole, are not difficult. Then, we should advise that, along with the use of Jahr's Manual, which is really an indispensable abridgement, when a case is under consideration the original provings should be referred to. By doing so, even although the abridgement will on the whole be found tolerably correct, yet the symptoms expressed in different languages will be sure to be more impressed on the memory, and the student will perceive many shades of difference between medicines as represented by Hahnemann which no abridgement can convey. This study

will give him an intimate practical acquaintance with the potential resources of his therapeutic treasury. He will then be curious to know the opinion of men of experience as to the best method of employing their means of cure, and the questions of dose, of sequence, and of alternation of medicines will naturally press upon him.

In order to satisfy himself upon these important questions, we should advise him to procure and carefully study a work noticed in our last number, by Dr. Hirschel, entitled, "*Compendium der Homöopathie nach ihrem neuesten Stand-punct und Anleitung zum Studium und zur Praxis derselben.*" If our correspondent, or some one of equal ability and energy, would set about a careful abridgement of this work, we believe the labour would be amply rewarded by the knowledge gained in its execution, and that its publication would be a positive boon to British homœopathic practitioners. Some parts of the book would require to be translated literally; some we should be glad to see abridged, some omitted perhaps altogether, as being more suited to Germany than England, and in the place of what we should leave out we would put a summary of the opinions of the practical men of this country who have written on the questions under discussion. For, notwithstanding our great respect for the labours of the Germans, we are of opinion that, in the purely practical sphere the British school of homœopathy bears the palm; combining considerable acquaintance with the practice of our foreign colleagues, with a knowledge of what our countrymen do. We are free to confess that if we had a dangerous illness, we should far rather be treated by certain of our own colleagues than by any others. We believe very few German, fewer French, practitioners are nearly so familiar with the experience of our school as many in Britain are with the writings of the Germans and the French, so that, besides having more practical habits from living among an intensely practical people, in an intensely practical age, the British school in what relates to the development of the system of therapeutics, bequeathed by Hahnemann, has enjoyed the advantage of a larger culture.

Another work, which would be worth a careful perusal, is



one by Dr. Sorge, the author of a Prize Essay on Phosphorus, which we noticed on its publication. His last brochure, which we commend to the attention of the studious who are masters of German, is entitled, "*Die Homöopathie befreit von Uebertreibungen und gestützt durch viele bewahrte Heilanzeigen.*" A somewhat presumptuous title certainly! and quite in character. The author, in his preface, expresses his wish to have the opinion of his critics; he evidently has no doubt of his ability in the event of their judgment being unfavourable either to overthrow or condemn it. The great fault of this little book, (*hic libellus*—hence libel) is its outrageous violence of language in regard to persons, whose offence we find it impossible to realize. For example, in the very full table of contents, we find at p. 27 this entry:—*A. Winkler's neuester Unsinn.* A. Winkler's last nonsense. The notice of Alfred Winkler's last nonsense runs thus—"In the most recent time a certain Dr. A. Winkler has arisen for the purpose of serving up afresh the old Hahnemannian distinction between the primary and secondary medicinal action of drugs. He maintains that, in the treatment of every internal disease, we are to give the dynamic remedy which corresponds in its primary effects with the symptoms of the case; so will the secondary action of the remedy, which is the opposite of the primary, and therefore also of the disease, be its cure." This is *the nonsense*. To make its being nonsense self-evident, Dr. Sorge adds, "For many it will doubtless suffice to be told that W. (sic) is neither physician nor pharmacologist, but only a chemist, to make them pitch this bit of a book into the fire (*das ganze Büchelchen kurz abzufertigen*). I must, however, in consequence of the attention this book has excited, not from the homœopathic side only, enter into a closer examination of its contents."

The longer we pause over this passage the more difficult do we find it to frame a theory which shall account for a clever man—and Dr. Sorge is a clever man—expecting his readers to agree with him. 1st. That because Dr. Winkler is not a physician, therefore his theory of the mode of action of homœopathic remedies must be worthless—a proposition that sounds



peculiarly strange to us, who remember how much was done to excogitate a satisfactory theory of homœopathy by two men neither of whom were either practical physicians or pharmacologists, John Fletcher and Samuel Brown.

2nd. The explanation itself, which Dr. Sorge treats with such high disdain, is one we should be very much inclined to support, were it not the dread we have of seeing in the next edition of this work some such heading as this:—"The last arrival of nonsense from England;" to be followed by the quotation of a few sentences of this article, and a contemptuous toss of the head or pen by our esteemed, but rash and intemperate colleague.

This extravagant style is not confined to Germany. In our English journals we have met with specimens of invectives piled a-top of one another in such a fashion as to produce a most ludicrous effect; and we know that among men of letters it is believed that the offensive scurrility which was the fashion in all controversial writing of a former generation is now to be found only in the columns of medical periodicals.

We are taught by a high authority that the use of extravagant languages is the mark of provincialism; as urbanity is the sign of metropolitan culture. The subject of style is now in the ascendant, and certainly if any medical school were to distinguish itself by purity, precision and moderation of language, it would do much to advance its reputation. Among our small body we have some excellent writers—men of classic culture. It would be invidious to mention names, but we make one exception. We hardly expect to see writing equal to the work of Dr. Wilkinson; "*The body in its relation to man.*" A style so accurate, and yet so ornate, is like music, a gift of nature, and cannot be acquired.

To return to Dr. Sorge: we the more regret that he should have been betrayed into the use of such improper language towards his colleagues, because his book contains much in a small compass, deserving careful study. It too is well worth an abridged translation into English. Dr. Sorge is essentially critical; he is the opposite of a credulous observer, and

probably carries his scepticism too far. He is no respecter of persons; even Hahnemann is not sacred in his eyes. Every proposition which will not stand his critical testing is unceremoniously dismissed as untrue. In belief he is a minimalist and accepts only a small portion of what is generally credited. His medical creed is expressed in the following propositions.

“ 1. The proving of medicines on the sound organism, *controlled by the result of their administration to the sick*, is the best way of establishing their curative powers. [For the italics we are answerable.]

“ 2. Those objective and subjective symptoms of a medicine are the most important and significant which are manifested by all or nearly all the provers, and which relatively have the longest duration. On the same level there stand those symptoms which constantly recur to individual provers every time a dose of the medicine is repeated.

“ 3. The division of symptoms into primary and secondary is artificial and without practical utility.

“ 4. To ascertain the radical effects of a medicine, the simultaneous or successive manifestation of individual symptoms, and the aggravation or amelioration produced on them by cold, warmth, movement, rest, period of the day, &c., require to be known.

“ 5. The results of the experiments on animals, as on dogs, often unavoidable to determine objective morbid groups, are only so far of value as a guide to the administration of the medicine in human diseases, as they do not contradict the results obtained in the provings on the human subject.

“ 6. The manifestation of the effects of each medicine must be carefully weighed, *to arrive at the particular disease* it represents in each tissue, organ, and part of organ it affects.

“ 7. It is next of importance to compare the operation of peculiar medicines with that of other exciting causes of disease, for example, with the effects of exposure to cold, of being wet through, of anger, grief, terror, of a strain, &c., in order that a real similarity may be established.

“ 8. The application of the knowledge obtained by physiological provings of medicines, according to the principle *similia*

*similibus curantur*, in the treatment of disease, has been proved to be blissful and healing by a thousand-fold clinical experience.

“ 9. In order to cure according to the principle *similia similibus curantur* it is necessary :

“ *a.* That the medicine administered should stand in a specific relation to the organ *primarily* diseased.

“ *b.* That the medicine should specially affect the same part of the organ which was primarily affected in the case to be cured.

“ *c.* That the kind of morbid action to be cured in an organ or part of an organ should not be essentially different from the disease excited by the medicine in a person in health.

“ 10. Within these bounds the choice of a medicine is often free, and is to be determined by its correspondence in subjective phenomena, by its relation to the disposition of the patient, by the exciting cause of the disease, or by the prevailing genus epidemicus.

“ 11. Paying attention solely to the bare collection of symptoms, as Hahnemann requires without a definite diagnosis, is only justified by the impossibility of the other plan. [*i.e.*, making a comparative diagnosis of disease and medicines.]

“ 12. The medicine chosen according to the *similia similibus curantur* principle must always be given by itself alone, and never in combination with any other medicine. The practice so common among homœopathists of the administration of two medicines in regular alternation is nothing more than a gradual mixing of the effects of one with the other, and will be had recourse to in direct proportion to the uncertainty in the choice of the medicine.

“ 13. The dose of a medicine chosen according to the *similia similibus curantur* principle should be determined, as in all other methods of cure, by the specialities of the case under treatment; drops of the mother tincture being required when there is a torpid condition, and considerable dilution when there is much susceptibility.

“ 14. The diet, too, must in each be adapted to the peculiar conditions of the case and of the medicines administered. It very often happens that very slight or even no changes at all in the mode of living are necessary. The almost identical diet pre-

scribed by Hahnemann for all cases, even the most dissimilar, is not only for the most part utterly impracticable but also entirely unnecessary, often hurtful, and altogether deficient in individualization."

We commend this "confession of faith" to the attention of Dr. Lippe, who, from the other side of the Atlantic, demands of Mr. Pope, "Who is a homœopathist?" Mr. Pope, indeed, replies with so much spirit and propriety that no other answer than his is required. Still it may be well for Dr. Lippe to be made aware that there is a class in Germany as well as in England, whom not to designate homœopathists would be to commit a solecism in language. Dr. Sorge avows his belief in the principle *similia similibus curantur*, as the guiding rule for selecting medicines. He also believes, and shews his belief in a more satisfactory way than merely clamouring about it, in the necessity of proving medicines on persons in health, and he very strongly advocates the giving of but one medicine at a time, even to the condemnation of the alternation of medicines. Yet believing all these points, which are the cardinal elements of homœopathy; he does not even mention dynamization nor the Psora Theory. We are not now discussing the sufficiency of his dogmas, all we wish is to direct attention to them as representing a rising school of men distinguished by scientific culture and practical energy, who carry themselves somewhat disdainfully towards the older branch of the house of Hahnemann. Dr. Sorge is young and clever; he is naturally somewhat unpleasantly self-confident: when he has gone through the experience of life and known disappointment, he will we trust learn a little more reverence for the opinions of those who do not find it so easy to dismiss the perplexing questions suggested by the two words—Psora and Dynamization.

Although we have quoted Dr. Sorge's articles of belief in full, we are very far from prepared to sign them. We entirely disagree with him in his repudiation of the doctrine of the primary and secondary effects of a medicine. In fact we can hardly believe that he dissents from this well-established physiological principle, as his words seem to imply. At all events it is for him, occupying so singular a position, to defend it. For us it

is enough to point out that he differs from all the highest authorities on the subject.

There are some of Dr. Sorge's theses highly suggestive, although we think rather ill-expressed. For example, 6 seems to us to point to a quite radical difference in both the recording and the reading of a proving from the method adopted by many who have contributed largely to our *Materia Medica*. If we understand Dr. Sorge aright, we apprehend that he would always strive to ascertain the relation of the phenomena produced by a drug to those induced by the natural exciting causes of disease; and that he would even refuse to recognise as symptoms mere sensations which arose in the course of experiment, unless these sensations could be traced to some morbid action in the system. He would deny a place in his *Materia Medica* to all symptoms which were not significant of known diseases. If we had a perfect pathology and were acquainted not only with all actual but all possible forms of morbid action, nothing would tend to simplify and give exactitude to our *Materia Medica* more than the adoption of some such plan as this. But in our present state of knowledge and ignorance we fear that with a great quantity of chaff we should lose some precious grain. A proving is something like a prophecy which is a riddle till it is fulfilled.

Had Dr. Sorge proved camphor at the time when Hahnemann did, some of the peculiar phenomena which had no relation to those of any then known disease might have been omitted, and its resemblance to the first stage of cholera might not have been so manifest. While, therefore, we must still have a very full record of all the well authenticated peculiar sensations produced with tolerable generality upon persons in health who make experiments with drugs upon themselves, we heartily wish that none would do so but those who have the rare faculty of discerning between a *significant* and insignificant disorder of sensation—the former is a symptom properly so-called, a sign pointing to a morbid action—the other is nothing, and yet looks like something, and is the cause of endless blunders and difficulties. It is as if along a perilous coast between the light houses which directed the mariner, there played Will o' the Wisps so like

the true guides as to be almost indistinguishable. To rid our shores of these false lights is the attempt of the school to which Dr. Sorge, Dr. Roth, and others like them belong. They will effect much good even at the risk of some mischief. The modification of the plan of proving medicines on persons in health by the addition that the results obtained are to be qualified by testing their curative powers before giving them rank among our recognised therapeutic agents, is in the present state of progress probably a judicious restraint upon the admission of useless medicines. At all events it is highly satisfactory to have the actual demonstration of the sufficiency both of the *a priori* principle *similia similibus curantur*, and of the accuracy of the observer. The cases collected by Dr. Sorge to illustrate his conception of real cases, not mere recoveries, are on the whole well chosen for the purpose, and possessing as many of them do independent interest for us, we shall let our readers judge of a few of them.

#### CASE XXI.

**Dr. SORGE's own observation.** *Painful paralysis of the arm cured by Phosphorus.*

“Meder, a master carpenter in Welton, 59 years of age, complained to me on the 6th of May, 1860, that for a year he had suffered from a most distressing pain in the arm and shoulder of the right side. Early in the morning, on rising from bed, the arm felt paralysed and weary, sometimes from the shoulder to the elbow; it improved after work and he felt nothing of it all day, but all the more did it distress him in the evening when at rest, although it did not disturb his night's rest. When he made unusual exertion, there was more paralysis in consequence for several days, and the upper arm was morbidly sensitive to pressure. The arm had not become thinner, and there presented no outward manifestation. I gave nothing but five drops of the 4th dilution of Phosphorus every evening in water. After six days Meder returned. On the posterior surface of the lower part of both fore-arms and hands a spotted, itching, erythematous eruption had appeared. I desired the Phosphorus to be discontinued, and in the course of three days the erythema, and with

it the affection of the arm had permanently left him. The patient had no recollection of having, before the pain in the arm, ever had any affection of the skin."

The form of rheumatic affection of which this carpenter was thus rapidly relieved is usually very obstinate, and tends to become truly chronic; and we believe that the chances of a spontaneous recovery of such a case in the course of a week are really infinitely small; so we have no hesitation in accepting this as an example of a true cure by a well proved and powerful drug. Whether there be any other explanation of the *modus operandi* of Phosphorus than the S. S. C. one must be left to those ingenious sceptics who, to avoid admitting the homœopathic formula, propose explanations much more difficult to believe and much less worth believing. They would admit that Phosphorus did cure, but analeptically!!

CASE XXIV., p. 80.

*Paralysis of the Bladder cured by Secale cornutum.*

By SOUCEROTTE.

"A forester, 50 years of age, of strong constitution, much exposed to catching cold, after for some time having suffered severe and enduring headache, fell suddenly to the ground, but did not entirely lose his consciousness. The treatment directed against this apoplectic seizure was without avail, and after three months he was taken to the hospital; on his admission he presented the following symptoms:—The patient is unable to walk; at each attempt the legs give way under him, especially the right one; just as little can he bend himself forwards or backwards, and when he sat upon a chair he fell over to the right side. The arms, especially the left one, were also weak but not to the same degree; anæsthesia was at one time present; the intellectual faculties were in order, but there was general dulness, difficulty of speech, and inclination to weep. The patient complained of headache and pain in the loins, which, however, was not increased by pressure; there was want of sleep; the urine and fæces passed involuntarily, but, although the water of the enema was almost instantaneously expelled, yet there was frequent constipation for several days. The tongue, the organs

of digestion and respiration were normal, except occasional attacks of a sense of oppression of the breathing (owing probably to some paralysis of respiratory muscles), the pulse showed no feverish excitement. Arnica, Aloes, Ext. of Nux v., stimulating applications, &c., were employed with no result except a slight increase in the power of movement and a slight decrease in the torpor of the bowels and dulness of perception. On the other hand, the general condition remained sufficiently deplorable, and especially obstinate in undergoing no improvement from its original condition was the state of the bladder, so that the patient's bed was overflowed every night.

" On the 23rd of May, after the disease had lasted for six months, *Secale cornutum* at first in one grain, but afterwards in one and a-half grain doses was administered three times a day, and, as early as the third day, the involuntary passing of the urine ceased; at the same time also all the other symptoms of paralysis, so that the patient left the hospital on the 8th of June perfectly cured, to go back to his place. For a year and a-half the patient has remained well."

This strictly homœopathic cure was effected in an allopathic hospital, and published in the *Bull. gén de Thérapeutique*. This by no means detracts from its interest in our eyes, and makes it more likely to be accepted as a fact by the opponents to our system.

#### CASE XXVI.

##### *Painful serous Diarrhœa cured by Jalap.*

By Dr. KAFKA.

" An infant at the breast, 3 months old, had for three days bloody serous stools, mixed with much gelatinous mucus, and of a sour smell. The number of the evacuations was six during the day and twelve during the night. In the day-time he cried only before and during the motion of the bowels, but during the night he cried almost without cessation, and drew the feet up to the body. The umbilical region is sensitive to pressure; there is clear percussion sound over the whole abdomen; there is slight tenesmus; the anus is red and sore. Entire quiescence of all the symptoms within twenty-four hours followed the ad-



ministration of 1-10th of a grain of the first trituration of Jalap every two hours."

This case, too, although treated by a homœopathic physician, might have been equally well, so far as the medicine and dose are concerned, prescribed by an allopathic practitioner from an ordinary druggist's shop.

#### CASE XXXI.

##### *Intermittent fever cured by Belladonna.*

By Dr. SORGE.

"August Rauchfuss, a boy of 10 years old, in Cüllme, near Halle, was affected for five weeks, in the spring of the year 1854, with tertian ague. After a sense of drawing in the limbs, there followed shivering for an hour and a-half, the next three hours heat, and then for some time perspiration. China in homœopathic preparation was of no more use than Bryonia. At my last visit I found that the boy complained, during the paroxysm, of headache as soon as he looked on water, and that during the hot stage there appeared before his eyes the same impression as if he looked at the sun. These indications induced me to give Belladonna in frequent doses. As early as the time of the second paroxysm there was entire remission, and I heard of no more attacks."

This is a singular and highly interesting case. It is to be regretted that Dr. Sorge does not mention what the dose of Belladonna was.

#### CASE XXXIII.

##### *Chorioideitis, acute, cured by Arsenic.*

By Dr. ALTSCHUL.

"Mr. H. G., of a tuberculous constitution, was attacked with severe inflammation of the eyes, in consequence of continuously straining them by drawing at night.

"Burning, stabbing, and boring pains spread from the eyeball over the supra-orbital region to the head, and produced in their almost periodic returns, nausea and retching. Great intolerance of light and a contracted pupil were combined with diminished powers of vision, and looking as if through a veil.

Professor Ryber, by the use of the ophthalmoscope, diagnosed not only distinct appearances of hyperæmia of the choroid; but likewise congestion of the ciliary veins. Dr. Altschul so entirely cured this condition by the administration of Arsenic of the 6th dilution, that the sight was restored so as to suffice for the most minute drawing."

We should have been better satisfied with this striking cure if we had been informed of the length of time the affection had existed, and how long it was under treatment; also, whether any other means were employed than the internal administration of Arsenic. But even with these drawbacks the case is most interesting, for we know that such affections either do not pass away of themselves, or at least take a much longer time to do so than it is at all likely this one did.

#### CASE XXXVI.

##### *A Cutaneous affection cured by Conium.*

By Dr. SORGE.

"H., a peasant woman, 64 years of age, frequently sickly and affected with chronic bronchial catarrh, sought my advice for the cure of an eruption, which appeared in autumn, and consisted of small ulcers and pustules, on the elbows and upper and external side of the left fore-arm; they resembled in their form impetigo figurata. The pustules became transformed into ulcers with purple swollen circumjacent parts, which, as elevated margins of irregular shape, and varying in size from a pea to a bean, easily bled when touched, discharged much matter; and when dry, especially which happened when either kept warm or exposed to the air, became shrunk and burned. The greater part of the external side of the fore-arm was œdematous and felt cool.

"The only external application I employed were lappets of lard, and I gave five powders of Sulphur in trituration, one to be taken every two days. The only result manifest by this treatment was, that the figure of the pustules was increased in size. Seeing this I ordered Arsenic in very small doses, by which, instead of improvement, there appeared on the external side of the wrist of the same arm, on the 11th of December, a

new spot, congested with blood and covered with pustules; the arm felt as if beaten, and was lame.

“I now ordered *Conium maculatum* of the 3rd dilution, three drops a day. On the 19th of December all the ulcers were coated with thick brown scurf, with the exception of those on the olecranon. The *Conium* was continued at the rate of five drops a day.

“29th December. The inflammation round the cicatrices is gone; some of the pustules are resolved and passed into small dry painless nodules (*Fleischknoten*). Instead of the burning the patient now feels only itching and that occasionally. There were scarcely any new pustules. *Pergatur*.

“30th January. The cicatrices and nodules are gradually disappearing, the ulcers were covered three weeks later; by the steady use of the *Conium* nothing of the affection was left beyond a peculiar appearance of the skin.”

We believe that no class of cases is better adapted to afford positive evidence of the curative efficacy of homœopathic treatment than diseases of the skin. Easily diagnosed, frequently of long continuance, and not tending to spontaneous recovery, they sometimes disappear, as in the instance just quoted, with great rapidity under the use of the appropriate specific. We have almost always under our care many cases which had been for long under the most celebrated “skin-doctors” in Britain, without having derived any, or at most temporary benefit; and of these cases a considerable number get rapidly well from their first taking of homœopathic remedies.

#### CASE XL.

##### *Angina membranacea cured by Bromine.*

By Dr. SORGE.

“H. H., a girl of 11 years of age, after having suffered for four weeks with cough and hoarseness, which always increased by exercise, was at length seized with such dyspnœa that the mother was obliged, on the 2nd of May, 1858, to administer an emetic supplied by a neighbour in order to avert suffocation; the remedy gave only a few hours relief.

“ On the 3rd of May I found the little girl sitting up in bed, for she could only lie down for a short time; the difficulty of breathing was so great that the muscles of the throat and abdomen were in violent exercise, and *even the alæ nasi were visibly moved*. In the chest the respiratory sounds were only occasionally audible at particular spots; the voice was quite hoarse and metallic (klanglos); the cough was rough and croaking; the pulse was not quickened.

“ While the mother went to fetch me, the child had induced vomiting herself by putting her fingers down her throat to avoid being choked. A surgeon (Böhme) who saw the case then pronounced it fatal.

“ I gave Bromine 2 (1·9 in distilled water), two drops from every half hour to every hour, and nothing else.

“ May 4th. In the afternoon I heard that the breathing had become easier in the chest and was more distinct; the cough, which like the voice continued metallic, now rattled somewhat more loosely in the chest, and was now and then attended with expectoration. The child could now lie on her back for hours together, but was still obliged to compel vomiting with the finger. The medicine was continued at the rate of three drops in water every three hours.

“ May 5th. On listening to the chest the sounds are looser; there has been much expectoration; the patient, although she has not vomited, feels better. Continue three drops in water every two hours.

“ May 7th. The oppression of the breathing is now only slight; the voice becomes gradually louder; the patient expectorates much, and many lumps (Stücken), the expulsion of which induces retching, what was brought up looked sometimes red and as if of blood. *Pergatur*, every three hours.

“ May 10th. The breathing is quiet and without effort; there is much expectoration, in this was a *membranous piece*, of a yellow colour, mixed with white mucus. The voice is still hoarse. *Pergatur*, four times a day.

“ May 14th. On this day I saw the little girl going about the house without any difficulty of breathing. Large mucous

ronchi in the chest and some hoarseness were all that remained of the attack."

This case has some puzzling features. If it were really a case of membranous deposit in the larynx, how does it happen that the pulse was unaffected? If on the other hand it was a case of spasmodic croup, how are we to account for the expectoration of the shreds? We suspect some error in the observation in one or other of these points. Still we look upon it as a case of genuine cure by Bromine; all the more so because we have met with very similar cases in some female patients, who were both hysterical and disposed to inflammatory affections. We had a case of what we should call *nervous* laryngitis under our care lately—by this term we mean real inflammation of the larynx, attended in addition to the symptoms proper to this complaint with exaggerated phenomena, such as choking, intense dyspnoea, &c.—which we looked upon as sympathetic, the result of reflex action, not of direct suffocation. In this case we gave Bromine with excellent effect. In the case we have just quoted Dr. Sorge notices the excessive play of the nostrils. This symptom has been the subject of much attention of late in connexion with a case of pneumonia reported in a monthly cotemporary. The narrator of the case, who has the reputation of a considerable practice, lays great stress upon this symptom as an indication for Lycopodium. So far as our observations go we are disposed to regard it simply as an indication of the excitement of the respiratory nerves of the face from any cause; it is best seen in a race-horse after the race, the wide flapping nostrils indicate that all the apparatus which subserves respiration is brought into play. Next to the panting horse perhaps the best example is in the hysterical girl when suffering from any impediment of breathing. In the case of pneumonia just referred to, the patient was manifestly hysterical, and the recovery was probably in great measure due first to the lapse of time, for as a rule all simple cases of pneumonia in young persons get better of themselves, and secondly to the confidence of her medical attendant in his powers to cure—a most important element in dealing with such

patients. We could not we fear get Dr. Sorge and men of his school seriously to entertain the notion that a globule of the 200th of Lycopodium had anything to do with the result. Perhaps Dr. Sorge is too sceptical, or perhaps the admirer of Lycopodium is too credulous. Who shall say?

CASE XLIV.

*Cheesy Pneumonia cured by Stannum.*

By Dr. SORGE.

"A teacher, 40 years of age, of middle height, addicted to the use of cigars and in moderation of *lager* beer, and subject to abdominal and rheumatic affections, was taken ill in the beginning of May, 1856, with catarrh of the lungs, for which I prescribed various remedies in vain. By the beginning of June I found that the catarrh had spread over the whole of the chest, but the finest râles were heard under both clavicles. For the breadth of a hand under the right clavicle the tone was dull; while a consonating resonance was heard both with the voice and breathing (bronchophony and pectoriloquy). The cough was distressing, attended with the sense of being beaten and with smarting pain on the whole anterior surface of the chest; there was much yellow mucous expectoration, which left a persistent sweet taste in the mouth. The patient's tongue was coated with a yellow fur: he perspired much and was very weak. By the 6th trituration of Sulphur the only symptom which was improved was the sweet taste of the expectoration, all the other symptoms remained the same.

"On the 16th of June I gave him the 6th dilution of Stannum, of which he was to take a dose three times a-day. By the steady use of this one medicine every trace of the morbid state of his lungs disappeared along with his cough."

We miss in the record of this case the state of the pulse; a singular omission. We may presume, however, from the perspiration and weakness that there was fever present; and if so, we are disposed to look upon it as a case of arrested phthisis, and highly interesting. The locality of the dulness, the small mucous râles, the period of the year, the length of the duration of the attack, the perspiration and the languor, all look more

like phthisis than pneumonia. Perhaps, however, by the term *cheesy* pneumonia, Dr. Sorge means soft tubercular deposit into the air cells, in fact, the first stage of phthisis. The cure was very remarkable, and it was just the case for Stannum : only Stannum often fails like every thing else, even in just such cases, to give more than temporary relief.

#### CASE XLV.

##### *Chronic Bronchial Catarrh cured by Carbo veg.*

By Dr. SORGE.

"A strong sailor, between twenty and thirty years of age, of a slightly cyanotic tinge of countenance, suffered for two years in consequence of having taken severe cold, with asthma, combined with chronic bronchial catarrh. The cough is worst of a morning, and is attended with mucous expectoration only ; and is increased by catching cold and by all bodily exertion, as is also the dyspnœa. These exacerbations last as a rule for eight days, and are attended with fever in a moderate degree. Physical exploration revealed catarrhal râles over the whole chest, most however on the left side, the liver somewhat depressed. After having been long under various treatment, including homœopathic, without having derived any benefit, he applied to me on the 29th of January, 1863, and between that date and the 13th of April he took tincture of Sulphur, Rhus tox., and Arsenicum, without any other effect than that the exacerbations were shorter and unattended with fever.

"On the 30th of April I gave him Carbo veget., 6th dil., to be taken thrice, twice and then once a-day. With this medicine, which soon produced improvement, I persevered with trifling interruptions to the end of September, when the patient declared himself quite cured, since, for a long time past, he had had neither cough nor asthmatic attacks, nor could I perceive any râles in his chest. I understand that up to this time (February, 1864), he remains free from his former ailment. Although I consider a relapse as still not impossible, yet I consider that the present amendment is worth notice."

To this we entirely agree. Such cases are very troublesome,

and any well-marked effect of a medicine is interesting to the practitioner. Here we miss any mention of what we should at the first have inquired into, had the patient presented himself to us, viz., the state of the heart. It is a singular omission, and one which vitiates to a considerable extent the value of the cure.

#### CASE XLVI.

##### *Cephalalgia externa cured by Sulphur.*

“A young married lady was cured of eczema impetiginodes by internal and external remedies. After the eruption had disappeared, drawing and stabbing pains were felt in the scalp; these pains were worse at night, and gave rise to the sensation as if the hair itself was painful. The scalp was sensitive to pressure; there was also swelling of the lymphatic glands in the nape of the neck and in the neighbourhood of the occiput. After this affection had lasted three months I was consulted in the beginning of the year 1854. In the course of three weeks, by the administration of the 2nd centesimal trituration of Sulphur, the affection was permanently relieved without the return of the eruption of the skin.”

We have selected these cases, not because to us there is anything wonderful about them, but on account of their verisimilitude. They look true. We believe they will convey to the minds of all practical men the same impression which they produce upon ours. We are of opinion that they will be credible to practitioners of the old system, who will perceive that the cures were wrought for the most part by substances of acknowledged potency. Such medicines as Phosphorus, Secale cornutum, Arsenic, Conium, Belladonna, Stannum and Sulphur, are familiar to them as to us. They are known to possess powerful medicinal properties. The only point in the case which makes the inference of the recovery being a consequence and not an accident distrusted is the amount of the drug administered at each dose. This, however, is not so incredible as it used to be. Now if our elder brethren once admit the reality of our positive cures to any amount whatever, the barrier of disbelief is broken down, and instead of blank denial and in-



difference, we meet with cautious enquirers—very cautious, too cautious as it seems to our impatient, ready-made up minds—still enquirers.

Any one who has watched the progress of homœopathy since its rise in this country must have been struck with the rapid outburst it made between 1840 and 1850. That was a decade of medical revival. By far the greatest number of men whose adhesion to the new school caused a sensation in the old *came over* then. In the subsequent fourteen years the system has spread widely, but few men of eminence have openly joined us. The first impression made by this fact is probably one of despondency. We believe it is not warranted, and that a deeper knowledge of the latent power now at work would change our estimate of the real progress our doctrines are making.

Let us observe that this decade which brought over to us a distinguished Professor and clinical teacher, placed in the school he adorned, another teacher of another type—medical scepticism began its reign in the Edinburgh school. The writings of Professor Bennett are now telling powerfully on the British medical mind. We are taught by him the lessons he learned in France and Germany, that many, very many of the most serious diseases tend to a spontaneous recovery under a judicious regimen. Now this belief greatly enhances the difficulty of arriving at a conclusion in respect to the positive efficacy of any mode of medication. Some twenty years ago, when Professor Henderson began to treat cases of pneumonia in the Royal Infirmary of Edinburgh with homœopathic remedies, the favourable result he obtained was accepted as a proof of the reality of the virtues of the medicines he employed. Now, however, it would not be so. The sceptics play the part of the magicians before Pharoah, and for every wonder wrought in testimony of our possessing a Divine gift of healing, they produce a counterpart performed by their heathen Goddess Nature. So the people's heart is hardened against the truth. Thus the difficulty of testing the *positive* effects of our medicine is enormously increased. For we must not forget that it is only by an accumulation of negatives we arrive at an affirmative in specific medication. We aim at the removal of morbid phenomena, so

that nothing of them shall remain : and this we strive to accomplish by means which give rise to no indications. The theoretical perfection of our system is one of its hindrances in any efforts to test it.

Let us suppose, *what indeed we know to be a fact*, that some hospital physician desires honestly to put homœopathy to an experimental test in the wards which he superintends, how is he to set about it ? There are two ways suggest themselves. First, it may occur to him that, as the homœopathic method is one requiring great minuteness of knowledge to a degree indeed implying long study and experience in any one who undertakes to practise it, he may seek the assistance of some one known to be skilled in the system, and the two together may visit and prescribe for the patients. At the first blush this seems a good plan ; but it requires but very limited knowledge of the world to know that it could not work. Whatever the best heads and best hearts in the profession think of us, and we should not be afraid to be judged *by them*, yet we know that there is a *plebs medica*, who hold in their hands the rewards of the profession, and who rule with plebeian violence the higher natures whom they elevate that they may use them. It is to the lowest class in the forum of medicine that our best surgeons and best physicians have to do ignoble homage. Some there are, we are proud to think, of too noble a character to submit to this degradation ; but even they must, out of regard to their own usefulness, be very wary in their intercourse with any notorious heretic. Nor can we think that any homœopathic physician of much delicacy or modesty would accept the post of *adlatus* to a hospital physician of the old school. That the Board of Management of any hospital could sanction the giving up of a ward to what they must regard in the light of an experiment we look upon as simply preposterous.

There was a statement went the round of the papers about some enthusiast who had offered £1000 to any hospital which would give a fair trial to our system. The generous enthusiast was ill-advised, the offer could not with propriety be accepted ; and the feeble clamour raised by a few disappointed persons against those who refused their offer was in bad taste, and

found no response from the more respectable members of our body.

The post of physician to a hospital involves important trust ; the man who holds it is in a sense answerable to the public, to his colleagues, and to his pupils ; this three-fold responsibility he cannot devolve upon another. If he introduce into his wards a homœopathic physician and get him to prescribe, we shall say, in a case of pneumonia, and the case proves fatal, who is to bear the blame ? Not the homœopathist, but his friend—and what an outcry there would be ! The first blow of such a miscarriage would fall upon the hospital physician for the impropriety of his conduct, and the second upon the disciple and school of Hahnemann for having made a miss. No, of this we are sure that no good and much mischief would come of introducing an avowed homœopathic practitioner under any guise into an hospital, till the majority of the supporters of that hospital place him there by their open suffrage.

Abandoning as impracticable, if indeed he ever contemplated, the prospect of obtaining the direct personal assistance in the treatment of his cases of a skilled homœopathic practitioner, our inquirer will naturally bethink himself of the next best plan of testing the system ; and although he cannot introduce into his wards one whose presence would be obnoxious, there can be no reason for his not consulting with him in private, to ascertain whether there are any diseases so simple in their treatment according to the homœopathic method as not to be beyond his own inexperienced attempts to apply it. Suppose he were to apply to us so far to help him, how should we meet the application ? We might reply thus : “ You seek an impossibility, the very essence of homœopathy is a rigidly exact resemblance between the fundamental features of every given case and its appropriate remedy. We ignore nominal diseases ; we do not admit the existence of such abstractions ; we only recognise sick *persons* ; shew us such persons, and after taking into consideration their temperament, their constitution, their history, and their present symptoms, we shall then, and not till then, be in a position to tell you what to prescribe.” “ But,” he replies, “ this you know is impossible, and I admit that

from your point of view I cannot give my patients a theoretically perfect homœopathic treatment. Am I then to abandon what I consider my duty? Is there no way of testing approximately the value of certain drugs in certain diseases? You say you ignore abstract diseases, but I open your books and I find exactly the same nomenclature as in our own. I find that your hospitals publish statistics, just as ours do; nay, that one of your stock arguments in favour of your system is derived from your assumed greater success in the treatment of cholera, pneumonia, rheumatism, &c. Are these not diseases?"

To this we might answer—"True, in giving the general result—we shall say of the treatment of patients affected with rheumatism—we class them altogether, and speak of them as cases of rheumatism; but this is a very different thing from being prepared to give a remedy for rheumatism. It is one thing to speak of the blind as contradistinguished from those who see, and another thing altogether to speak of the treatment of the diseased conditions of the eye which result in blindness." "I admit," he might rejoin, "the difference, and that a classification which serves one purpose may not serve another. Still, keeping to the example you have hit upon—rheumatism—on looking through the record of the cases of acute rheumatism, treated in your hospitals and in private practice, I observe that in a large majority Aconite and Bryonia are prescribed. This indicates that in, let us say, every 100 cases, a large per centage are, according to you, curable by these two medicines. Now, suppose I place 100 cases under no treatment at all, except keeping them warm and feeding them properly, and to another 100 I give Aconite and Bryonia, if there is positive virtue in these medicines will they not cure their per centage in my hands as well as in yours?" To this we should observe—"We grant they would, if given in the proper order and interval and quantity." Then he—"That is what I ask of you; a fair question and one deserving a candid answer."

We should be disposed, had we the good fortune to encounter so candid an inquirer, to recommend him to enlarge the field of experiment; and, instead of confining his observations to the

treatment of rheumatism, to select other diseases, all of which should possess the following characteristic distinctions:—

1st. They must be diseases easily and certainly diagnosed.

2nd. They must be diseases whose course and result, if left to themselves, are ascertained by well-established statistics.

3rd. They should be common diseases, to afford a sufficient number of cases to correct the interference of accidental peculiarities in some of them.

Having made his selection of common, palpable, well-observed acute cases, we should probably find them to consist of rheumatism, pneumonia, pleurisy, and bronchitis. Were we presented with such a list, and asked how a physician in an allopathic hospital should treat them, we might thus reply—"Our advice as to what you should do must not be taken as meaning that if these cases were put under our care we should so treat them. Your position is peculiar, and you must accommodate yourself to its peculiarity. You have not our preparations in your hospital; you must do your best with your own. We believe you will do some good, but not so much as might be done. Having thus guarded ourselves against misconstruction, we should be disposed to make the following suggestions for the treatment of the four diseases we have named:—

1st. Acute rheumatism. *Till the pulse falls* give the following prescription—

R<sub>x</sub> Tinct. Aconit., gtt. x.

Aquæ fontis, ℥ viii.

Signa. Sumat unciam unam tertiâ quâque horâ.

After the pulse has fallen decidedly—

R<sub>x</sub> Tinct. Bryon., gtt. x.

Aquæ fontis, ℥ viii.

Sumat unciam unam ter die.

2nd. Pneumonia. In all cases of uncomplicated pneumonia give the following prescription—

R<sub>x</sub> Phosphori, gt. ij. gr. i.

Spirit æther sulph.

Spirit. vini rect., a a 3 ii.

Aquæ fontis, ℥ viii.

Sumat drachmam unam quartâ quâque horâ.

3rd. Pleurisy. If there is much fever—

℞ Tinct. Aconit., gtt. x.  
Aquæ fontis, ℥ viii  
Tinct. Bryonia, gtt. x.  
Aquæ fontis, ℥ viii.

Signa. Sumat unciam unam singulæ misturæ 4ta quâque horâ vicissim.

If there is little or no fever omit the Aconite.

4th. Bronchitis. If there is much fever—

℞ Tinct. Aconit., gtt. x.  
Aquæ fontis, ℥ viii.  
Solutionis Arsen. Fowl., gtt. v.  
Aquæ fontis, ℥ x.

Sumat semiunciam 4tâ q. q. h. vicissim.

If there is little or no fever omit the Aconite.

We are well aware that in suggesting this treatment we are proposing a compromise, or perhaps we might say accepting the proposal from the other side of a compromise. Whether it is allowable to do so may be a question with many—a question answered according to their character of mind. Even if such a compromise be not condemned on abstract grounds, exception may be taken to the particular treatment we propose to recommend, should the contemplated eventuality arise; if so we should be too glad to receive suggestions, especially from those who are familiar with the working of hospitals.

Many of our most esteemed colleagues will object to our proposing giving two medicines in alternation. We concede that it would be much more satisfactory if we could avoid doing so; but in this rough world we must constantly be content to adopt the most practical and expeditious method of attaining our purpose, even at the expense of a sacrifice of scientific principles. It is better a man should live on bad food he will eat than die with good food he won't eat; and it is better that homœopathy, even in its roughest and coarsest embodiment, should gain admission into the magnificent hospitals of this country than that it should be confined within the narrow boundaries of its own exclusive territory.

But it may be asked, what do we expect to be gained by the

experiments we suggest? We believe that if 100 cases of each of these diseases are carefully watched, and the results tabulated, it will be found that in—

1st. Rheumatism. The pulse will fall and the pains abate, under the use of Aconite, in decidedly shorter time than in cases left to nature; secondly, the average duration of the cases will be materially shortened; third, that there will be fewer heart-complications, and that, if they arise, they will pass off without leaving permanent mischief behind.

2nd. Pneumonia. That in this disease we shall find the dyspnoea sensibly lessen almost from the first, that the pneumonic infiltration will be at once limited, and there will be no increase of dulness, but that the powers of resolution will set in and the cure be completed at an earlier day than in cases left to themselves; and that the mortality of the hundred cases will be less by a considerable number than of a hundred cases of *equal severity* left without treatment.

3rd. Pleurisy. That the pain will rapidly yield after the administration of Bryonia, and there will be little effusion if that has not begun; and if it has there will be little increase. At the same time it is right to observe, that Bryonia is chiefly suitable for active inflammation of the pleuræ, and not for passive effusion into their cavity.

4th. Bronchitis. There will be relief to the dyspnoea, and the character of the expectoration will improve, and it will be more easily brought up.

There are many other acute diseases we should like to add to this list, as peritonitis, dysentery, hepatitis, &c., but it would require a long time to collect a sufficiently large number of cases; and there are in this country very few physicians who would venture to leave a corresponding number of these cases to the unaided efforts of Dame Nature, however much it is the fashion to deify this abstraction and frame out of a mass of independent laws, above which the human intellect stands autocratic, an idol such as rude pagans worshipped, before science revealed what natural laws really are, and before man—in right of his “being a-kin to God in his spirit,” as Bacon puts it—recognised his true place, as not of the earth, but only on the

earth ; supernatural as well as natural, and in his supernatural capacity as above and not under the so-called laws of nature.

Suppose, then, in any large hospital one hundred cases of each of these four diseases is treated according to the formula we have suggested, and that the result is as we anticipate, and there is sufficient evidence to go before a jury of the superiority of this treatment to nothing at all, what have we gained ? The experiment will occupy, probably, some years ; at the end of that time all we shall have arrived at, taking the most hopeful view of the trial, is a verdict to the following effect :—In acute rheumatism, Aconite followed by Bryonia is of positive service ; so in pneumonia is Phosphorus ; in pleurisy, Aconite and Bryonia ; and in bronchitis, Aconite and Arsenic. What the better should we be of such a verdict ? Is it proved that these medicines act in virtue of any homœopathic relation to the disease for which they are administered ? May not the Aconite act in rheumatism as a sedative, calming the heart's action ? the Phosphorus as a restorative, giving vital energy to the lungs ? and the Arsenic as a tonic ? If this were admitted, it would only leave the Bryonia to be accounted for, and this might act analeptically—who knows ? To this we should reply—If you have got nothing else, you have got some good empirical remedies for very dangerous and painful diseases : so the time occupied in the experiment is well spent.

We should go farther, however, and direct attention to two facts : we would say—1st. Observe the dose, and you will see that it is so small as not to be capable of producing any general physiological action, such as is understood by tonic, &c. ; the good it has done must have been by acting specifically on the seat of the disease ; there, then, are four specifics for four morbid states.

2nd. Recollect how they are obtained ; neither by conjecture nor by accident, but in virtue of a hypothesis, that because they excited certain effects on persons in health, therefore they would cure similar phenomena in the sick. These particular medicines were selected in preference to all other, in obedience to a formula ; in the four instances in which you have tried them, the *a priori* anticipations have been verified by the occurrence of



the predicted events. It may have been accident; a series of remarkable coincidences, such as we all know perplex us in our attempts to arrive at successful generalizations in so complicated a problem as determining the efficient cause of a given effect, towards the production of which many possible causes might be suggested. Admitting all this, still, would it not be the part of a wise man to give the formula a further trial? Is there not presumptive evidence in its favour? Medicines so chosen, and in such quantities are innocuous, and have you not in your private and public practice plenty of cases which are making no progress, and in which you are fully justified in trying a perfectly harmless experiment? If you have, and who has not? then take a good manual of our provings: suppose, to begin with, you get the first part of the Hahnemann *Materia Medica*, published by Bailliere, containing the proving of the Bichromate of potash, of Arsenic, and of Aconite, and test these three medicines. Suppose you do so, I will tell you what will happen; you will meet with a succession of most agreeable surprises; you will find, as it were, a sudden sunshine spread over your practice. Many cases of lingering illness will rapidly show symptoms of improvement, still more acute and painful disorders, not necessarily dangerous, such as sciatica and neuralgic affections, will be almost instantaneously cured. You will feel your powers of healing enlarged beyond your wildest hopes, and, as one instance follows another of successful application of this divining rod left us by Hahnemann, you will gradually experience growing up in your mind that strongest of all convictions, which rest on no communicable facts, but result from a perpetual accumulation of atoms of evidence—atoms that eventually combining in obedience to certain undiscovered laws of our mind, build up an adamantine foundation of certain faith far more unquestionable to us than the belief which we arrive at by even mathematical demonstration.

It is to the occurrences of such agreeable surprises in their practice, when induced either by the pertinacious advice of some unprofessional homœopathist, some of our many lay-preachers, or by the reading of some vigorous appeal, or in blank despair at having exhausted all the known methods in vain, the ordi-

nary practitioner puts some of his least promising cases under our treatment, that we owe a large number of unavowed believers in homœopathy. And what are they to do? For the most part, in the meridian of life, with well established practices, not much more than just sufficient to meet the great expenses that are involved in maintaining their own and their families' position in London or any other large city; are they to run the risk of losing their patients by an open profession of the faith of the heretic? Supposing them perfectly honest, it must always be a matter requiring the greatest judgment as to the proper time for moving to our side. Long before—how long will depend on an infinite number of circumstances and considerations—they are with us in conviction, and anxious as we can testify from experience for all the practical assistance we can give them. To this class, and it is a considerable class—much larger than is generally supposed—we would recommend that the transition from the old school to the new should be very gradual. Let them at first be content with making themselves well acquainted with the virtues of a few of our best proved medicines, and apply their knowledge in well selected cases. Let them get the large edition of Jahr's *Materia Medica*, with the clinical notes of Noack and Trinks, and this

*Nocturnâ versate manu, versate diurnâ.*

The errors of Jahr, especially of his Repertory, arising chiefly from the original imperfection of his medical education, are more likely to offend than to mislead an experienced practitioner.

From this important class we do not expect much assistance in the further development of our system. They will find their time amply occupied by the greater amount of study required, and by the almost certain increase in the extent as well as success of their practice. Enough if they introduce the system to the notice of new circles; and if at the proper time they openly announce that, after a sufficient experimental investigation, they are satisfied that the homœopathic method of practice is superior to all other methods. Testimony so disinterested, coming from such a quarter, is unimpeachable and will make an impression on all persons of candour and intelligence, and of

courage enough to think and act for themselves—a small but increasing minority among us.

Lastly, we would say a few words to students. First, let us assure the students who are convinced of the truth of our system and are anxious to practise it, that they have nothing to fear from the examining boards on account of their faith. We are assured by those who have recently gone through the ordeal, that even when the examiners know the predilection of the examined to be for homœopathy, they do nothing to entrap him, but merely ask questions which test his knowledge, not his faith. To one practitioner who asked of the President of the College of Surgeons whether being a homœopathist would be a bar to his receiving a diploma; the answer given in substance was: "We don't care a straw what you believe—you may believe in magic if you like—only know your anatomy and surgery and you will pass." So to our student friends we say know your anatomy and surgery, say nothing about homœopathy—don't parade it—be conspicuous only for diligence; and there is no medical board on this side St. George's Channel which will reject you. And after you have obtained your diploma do not be in too great haste to settle in practice, you will be enticed by invitations from places where you will be sure at once to earn a comfortable competence; but if you get into practice too soon you will be dwarfed for life, you will find that you have little leisure, little inclination and no necessity for study; that in the exercise of the merest routine of homœopathic practice you will easily distance your allopathic competitors, and you will be very apt to take credit to yourself for your success instead of giving it where it is due, to those who by intense labour forged for you the key which you find so powerful in opening the locks in your life's path.

If, instead of being satisfied with obscure ease, you set before yourself the duty of developing the system as well as of supporting yourself—of feeding as well as milking the cow—then indeed we should entertain the highest hopes of medicine. We should have our students attend our hospital or well managed dispensaries, to furnish themselves from the existing armoury with ready made weapons; but besides doing this we should

have them institute critical provings, either of medicines already proved or of new ones, and devote themselves to the reconciliation of the problems suggested by the discoveries in pathology with the results obtained by the experiments on morbid agents of all kinds. Here is a field of infinite magnitude and of inexhaustible fertility: all it wants is cultivators. We have among our body more than one medallist, what are they doing? Are they satisfied with the lower prizes obtained at the University? They must know well that there are within their grasp prizes of infinitely higher value—all that is wanted indeed to develop into the perfection of the whole art of medicine, that system of which, were Hahnemann to reappear among us, he might say:

“Once in a golden hour  
I cast to earth a seed,  
Up there came a flower  
The people called a weed.  
To and fro they went  
Thro’ my garden bower,  
And muttering discontent,  
Cursed me and my flower.  
\* \* \* \* \*  
Most can raise the flowers now,  
For all have got the seed,  
And some are pretty enough,  
And some are poor indeed.  
And now again the people  
Call it but a weed.”

It is for us—for our students especially—to determine whether our system shall deserve to be called the great weed or the great flower of medicine. All that we require of them is zeal. Zeal, the vitalizing element which keeps alive that ideal, the persistent pursuit of which constitutes the fundamental contrast between the noble and the ignoble character.

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**SYPHILIS, AND THE METHODS OF TREATMENT,  
INCLUDING SYPHILIDOCLINICAL COMMUNICATIONS FROM  
THIRTEEN YEARS HOMŒIATRIC PRACTICE.**

By **DR. H. G. SCHNEIDER, Magdeburg.\***

(Continued from page 425.)

**LIKE** syphilis, so every contagious disease is an anomaly in the blood formation, whose cause and product is a specific virus manifesting itself in peculiar symptoms, and, if transferred to predisposed healthy subjects, induces the same anomalies in the blood formation. And as are the contagious diseases, so are also many diseases anomalies in the blood-formation whose cause and product is a specific virus, manifesting itself in peculiar symptoms, only that these diseases are not contagious, the specific virus generated in the anomalized process of blood formation is not transferable to the healthy. To this class belong all catarrhal diseases.

Next to these two classes of disease whose cause is a specific virus generated in the blood, there stand two other classes of disease whose cause (not accidental cause) is a virus that has got, or is getting into the blood from without, viz., the miasmatic diseases, and "poisonings" in the ordinary sense. In the case of the contagious diseases and miasmata, with the "poisonings," it has been hitherto a received opinion that a virus is the cause of the morbid symptoms; only not in the fourth classes of diseases which is a very comprehensive one, and belongs to this subject. The "acridities," which heretofore generally formed the substratum, are gradually gone out of fashion, and the dyscrases, which have kept their ground, have for the most part degenerated into purely quantitative alterations of the blood. It was only when, in more recent times, "pyæmia" and "uræmia" came up, that people began to think of poisoning in diseases of this class too, and the discovery of Leucin and Tyrocin has at

\* From *Hom. Vierteljahrsch.*, Vol. XII.

last still further excited the observation of enquirers. Thus writes Labert (*Wien. med. Wochenschr.*, 1850, No. 22, § 379 and 380) :

“ Next to direct research, logical deduction also leads us, to a certain extent, precisely to those more refined processes—probably similar to fermentation, the effects of the separation and transformation-products of protein matter (as *e.g.* Leucin and Tyrocin). Let us, for instance, compare the fatal effect of the excessively minute quantity of viper's poison with that which the previous ruder analysis of blood in relation to the diminution in the number of the cells of the fibrine, &c. present to us, and no sufficient explanation exists in the latter, and certainly not in the former, of such processes, which certainly do not find their ultimate foundation in mere change of quantity of the ultimate particles of the blood.

“ Let us, on the other hand, compare the form and manner in which many poisons act upon the nervous system, when they succeed in reaching the nervous centres without previous high irritation of the digestive organs, with the form and manner in which miasmatic diseases, as various forms of typhus and yellow fever, act on the central nervous system; and let us compare again how a precisely similar fact comes under our observation, when, in the severe forms of jaundice, of pyæmia, of glanders, in the advanced stage of Bright's disease, we see those deep comatose, typhoid, delirious, eclamptic conditions supervene which are so common after poisoning; and a suspicion arises that here also some kind of poisoning of the blood comes into play; nay, something similar becomes probable even in conditions where we do not employ those expressions of ours which are so unsatisfactory—‘Pyæmia,’ ‘Cholæmia,’ ‘Uræmia’—as for instance, the often sudden death that occurs in acute arthritic rheumatism without any complication or organic change sufficient to explain such a termination. In a word, toxæmia, or poisoning of the blood, becomes constantly more needful to the thinking physician for the explanation of many conditions which neither pathological anatomy, nor pathological experiments are able to clear up.”

## 2. HOW NATURE CURES SYPHILIS.

Apart from the truth of the assertion that nature *does* cure syphilis, the question *how* nature cures syphilis would be a perfectly idle one. It is therefore not enough here to fall back on the *Νοῦσαν Φυσις ἰᾷται* of Hippocrates, nor yet to conclude from the old battle of the mercurialists and antimercurialists that nature does best for the cure of syphilis. But we must review the result of a careful unprejudiced observation of the cause of syphilis, and of whatever promotes the cure, if we wish to be clear on the question whether nature cures syphilis or not. As to the first point, the coryphæus of all living syphilidologists at Berlin has uttered his practical proposition on the ground of his own observations (*loco citato*) "syphilis admits of spontaneous cure." And even to nature alone he allows the power of overcoming syphilis, and we must agree with him if we consider:—

1. That primary syphilis regularly comes to an end, sooner or later, whether it be treated internally with large doses of Mercury or Iodine, or internally and externally alone, or *not at all*.\*

2. That, under all these circumstances, cure almost regularly follows soft chancres, but, on the contrary, secondary syphilis frequently follows the hard ones at once.

3. That secondary syphilis sets in, in the same forms, and in like succession, whether it be treated mercurially, or only locally, or not at all (Waller).

4. That the ordinary mercurial cures, according to the judgment of the most eminent syphilitic practitioners, only affect the *duration* of primary syphilis and that of the ensuing latent period (Ricord, v. Bärensprung, Brandes, Waller, &c.)

5. That the supervening form of secondary syphilis, if left to itself, at last takes a retrogressive course; and,

\* As to primary syphilis continuing twenty years and more, without exhibiting any aggravation corresponding to such duration, and without shewing a trace of spontaneous cure, as Dr. C. W. Wolf (*Homöopath. Erfahrungen*, 3—5, *Heft.*, § 145), says he has repeatedly seen—this is too much opposed to physiological laws, and to all experience, not to require further confirmation.

6. That though energetic mercurial treatment puts an end to the symptoms of the existing form, yet it is not capable of preventing the sequence of other forms (*v. Bärensprung*), for such a regularity of the course of a disease as here presents itself, after stripping it of all accidental differences, can only be founded on the ever regular action of the physical laws of the organism.

As regards the second point, I mean what is required for the cure of syphilis—after what we have said, we can no longer doubt that the complete removal of the syphilitic virus out of the sphere of the organism, is what is absolutely necessary for the cure of syphilis, and that nature alone procures the ways and means to accomplish this, as long as the syphilitic virus itself, like many other similar morbid causes, remains comparatively unknown, and on that account beyond the reach of art. For both reasons, we may therefore consider as evident, *that nature cures syphilis*.

*How nature cures syphilis* is a question, the answer to which as far as I can learn, has not yet been seriously attempted. Should we, with Hermann, look on syphilis and similar diseases as mere local maladies, or should we regard, as is generally done hitherto, the group of symptoms which the diseases present to our senses as the object of the curative process, we are still apt to overlook the beneficial action of nature, or to prize it too little; because in general it does not relate to symptoms, or because, when it does, it proves insufficient. The only thing I have found in the recent literature suitable to our question is Bärensprung's utterance of the following sentence:—"Syphilis can be overcome only by degrees through the natural metamorphosis of tissues," (*Loc. cit.* § 277); and Virchow's enunciation:—"Every localization of syphilis is critical, and serves for purifying the humours," (*Loc. cit.* § 117).

But enough has been said, for in these two axioms is perfectly comprehended the explanation of the whole curative process of nature. Syphilis is overcome by nothing but the natural metamorphosis of tissues, for the integrity of the organism which has been injured by the disease cannot possibly be restored otherwise than by the expulsion of the foreign element which



syphilis has introduced, and by repair of the defects it has produced. But this physiological curative process can never attain its end so long as the reproduction of the syphilitic virus keeps going on, or even continues to be possible; in short, until the last remnant of the exciting cause of syphilitic poisoning (the "syphilitic virus") is utterly removed. It is only after a total defeat of the enemy that the body can rise to fresh health. The banishment of the "causa morbi" is thus the fundamental requisite to every cure, and therefore also to the cure of syphilis; and to this Virchow's announcement especially relates.

The local syphilitic affections are accordingly manifestations of the curative action of nature; and, as such, are effects of the syphilitic virus taken out of the blood into the tissues, and are, for the most part, instruments for the excretion of that virus.

If these excretive instruments have succeeded in eliminating from the blood the last remnant of syphilitic virus, and if they themselves get stimulated by it to the perfect excretion of it, then a real cure is effected.

So long as the process of syphilitic poisoning is on the increase, the curative power of nature in the mode just described can only prevent the danger of the poison, but cannot effect a cure. It is only in the stadium decrementi that she can gradually get the upper hand, and ultimately attain her end. She has attained that end, generally, where the primary syphilis is not followed by the secondary, and where the subdued form of the secondary is not followed by any new form, but by health.

If a remnant of the virus remains, such as induration left after chancre or bubo, or other symptom after secondary syphilis in any other part of the organism, this sooner or later stirs up the poisoning process afresh, and a relapse is the consequence. Yet nature sometimes succeeds, even now, by a suppurative process in softening the induration proceeding from the chancre, and in ejecting the virus existing there when it has become resorbable by serous infiltration of the induration; and thus she prevents the occurrence of secondary syphilis (Dr. Voss, *Deutsche Klinik*, 30, 1859). Accordingly the answer to our second question would be thus stated:—

*Nature cures syphilis by the total removal of the cause, viz., the syphilitic virus; and this very virus serves her as a remedy, inasmuch as its local action becomes the efficient cause of its own ejection.*

*Remark.*—As nature cures syphilis, so does she cure all curable diseases arising from virulent causes (see *Introduction*, p. 7), viz., by removal of those causes. And as in syphilis, so in all the rest (*mutatis mutandis*) the virus present in the organism as a *causa morbi* becomes ultimately the remedial medicine.

## SECTION II.—THE METHODS OF CURE.

At the standing point to which our previous enquiries have led us, we are compelled, when surveying what the medical art is able to accomplish in syphilis, to assert that *in syphilis there is but one mode of cure, viz., that of nature, and the removal of the syphilitic virus by the excretive powers which it excites of itself; and there is nothing left for art to do but to promote and complete this natural curative process.*

Medicine, however, has not merely to solve the problem of contributing as much as possible to the cure of the patients, but should also, with all her might, prevent diseases, combat the dangers of the diseased organism, alleviate its sufferings so far as that can be done without prejudicing the main object of curing the disease.

For the solution of these therapeutic problems, all the current methods of cure have gradually come into use from all quarters. We shall endeavour, in the following pages, to submit these to a rigid and fair criticism.

### 1. *Enantiopathy.*

This school takes as the object of medical action the immediate extirpation of the morbid symptoms. In syphilis, the enantiopathic method from the outset combined with the old “*methodus specifica* ;” and only in recent times was employed more and more independently; till at last, and quite lately, Hermann, who considers syphilis as nothing but a complication of local maladies, set forth the enantiopathic as the only suitable

and perfectly successful mode of cure, and as such endeavoured to bring it into vogue. Hermann, in 1857, at Vienna, under the inspection of a committee, treated as antimercurialist, with local remedies, above 51 venereal cases, with the exception of those who, on account of the previous use of *mercury*, took Iodide of Potassium "to expel the Mercury by the urine." This he did for the purpose of establishing practically the curative power of the ordinary enantiosis in syphilis. Had he succeeded, nothing would remain for us but to give up our syphilidological views as erroneous; for the symptoms of syphilis could not possibly be an exhibition of the *vis medicatrix naturæ*, if their immediate extirpation caused no harm to the patients, but, on the contrary cured them. The fact of our syphilidological standing-point being thus threatened must not, however, prevent us from subjecting to a careful and unprejudiced examination the facts brought forward by Hermann as evidence for the sufficiency of enantiopathy in syphilis, as it cannot serve our cause to take our stand in error.

The cases where *iodide of potassium* was administered internally we can pass over, because they cannot prove the curative power of local treatment in syphilis; nay, cannot prove it in one single instance, but merely that what is called secondary syphilis is really hydrargyriasis. Equally can we leave unnoticed the cases where condylomata were cut off or burnt away by caustic, or where cutaneous syphilis treated with warm baths, and angina with gargles for months together, at last gave way; because, from such cases, we can at most only infer that some symptoms of syphilis can be removed by local remedies, whilst no proof can be derived that actual cure, and not mere suppression of the syphilis, was the result; and even the very disappearance of the symptoms, *in spite of the local treatment*, may have been attributable to the termination of the existing period of infection.

Lastly, we leave unnoticed the cases of urethral and preputial gonorrhœa, because their variety in individual cases does not permit any judgment whatever on the result of the treatment; and besides, we have here to deal especially with chancre syphilis. Accordingly, out of the 51 cases appended in the

tabular view to Hermann's much-quoted brochure, we have but 19 cases of primary syphilis left, which are calculated to serve as materials for a verdict on the curative power of the symptomatic treatment of syphilis, and which must therefore be subjected to a radical examination. They are the following:—

(1). Chancre and bubo (No. 11 of the Tabular View) of 12 and 7 days respectively: cured in 126 and 78 days respectively. Chancre a year previous; Mercurial treatment suspected: treated with Iodide of potassium; 20 days' cauterization; Sulphur ointment; bubo lanced; baths. In 64 days roseola syphilitica; cured in 62 days. In  $4\frac{1}{2}$  months patient dismissed as cured.

(2). Indurated chancre, with phimosis, 14 days (No. 14); cured in 159 days. After 40 days, there supervened a spotted and papular exanthema, lasting 154 days, and after 75 days scorbutus for 39 days. In  $6\frac{1}{2}$  months patient dismissed as cured.

(3). Indurated chancre, with phimosis, 4 weeks (No. 15); cured in 152 days. Roseola syphilitica and conjunctivitis specifica occurred on the 100th and 121st days respectively. Roseola lasted 112 days. In 7 months patient dismissed as cured.

(4). Gangrenous chancre with phimosis, 14 days (No. 16); cured in 68 days. Spotted and papular exanthemata appeared on the 50th; excoriation on the 74th; angina syphilitica on the 85th day. In  $6\frac{1}{2}$  months patient dismissed as cured.

(5). Indurated chancre, with gonorrhœa, 3 weeks; bubo, 1 week (No. 18); cured in 80 days and 136 days, respectively. On the 60th day occurred angina syphilitica; on the 22nd scorbutus; the former lasted 33 days, the latter 96 days. In  $4\frac{1}{2}$  months patient dismissed as cured.

(6). Chancre, with phimosis and gonorrhœa, 4 days (No. 23); five years before gonorrhœa for 6 weeks; cured in 69 days. Two days after the cure came bubo, lasting 100 days. On the 110th day scorbutus, which passed off in 33 days. The entire cure took 25 weeks.

(7). Chancre 3 weeks; bubo, 11 days (No. 31); cured in 40 and 36 days respectively. The treatment lasted 6 weeks.

(8). Indurated chancre 14 days; bubo 6 days (No. 32); cured in 33 and 44 days respectively. The whole cure occupied 7 weeks.

(9). Indurated chancre, with gangrenous paraphimosis, 3 weeks (No. 33); cured in 56 days. Two years previously gonorrhœa and

bubo. In 22 days vegetations supervened, which went on for 26 days. The whole cure 8 weeks.

(10). Chancre 14 days; gonorrhœa 3 days (No. 35); cured in 14 and 16 days respectively. On the 6th day bubo appeared, and continued 31 days. Duration of treatment, 1 month.

(11). Chancre 14, and bubo 6 days (No. 34); cured in 44 and 62 days respectively. Treatment took 10 weeks.

(12). Chancre 14 days, and bubo 2 days (No. 36); cured in 51 and 112 days respectively. On the 107th day a bubo appeared which took 37 days. The whole lasted 5 months.

(13). Chancre 3 weeks, and gangrenous bubo 6 days (No. 37); cured in 20 and 129 days respectively. Entire treatment, 20 weeks.

(14). Chancre 5 days (No. 38); cured in 19 days.

(15). Chancre 5 days (No. 39); cured in 18 days. Patient had in previous years gonorrhœa and chancre.

(16). Chancre 6 days (No. 46); cured in 16 days.

(17.) Chancre 8 days (No. 41); cured in 6 days. A year before, had chancre also.

N.B. *In the four last cases cold poultices alone were employed.*

(18). Chancre 4 weeks (No. 42); cured in 9 days. Eight years before chancre and bubo for 4 months; 2 years before chancre for 2 months.

(19). Chancre and gonorrhœa of glans 10 days (No. 43); cured in 19 days.

As soon as we glance at this Table, we notice the extraordinary variation in the amount of time required for the cure of the chancre. For instance, seven cases (viz., Cases 10 and 14 to 19) were cured in 6 to 19 days; one case (13th) in 20 days, followed by a bubo, which took 129 days to cure. The remaining eleven took from 33 to 159 days! If chancre were a pure result of the local infection with chancre poison, such variableness in the duration of it would be impossible. And, further, this alone speaks loudly enough against the curative power of local treatment. For who can affirm that the chancre in Cases 2 and 17 would have lasted longer than 159 and 36 days respectively, supposing they had *not* been treated by Hermann's method? If we look closer at the several cases, we find seven of them which (except two, where caustic was also used) were cured in 6 to 19 days by cold poultices alone. Their genuine-

ness is doubtful, especially since they do not thoroughly tally with the rest. Accordingly there remain but twelve cases for closer criticism. In seven of these, (viz., 1, 5, 7, 8, 11, 12, 13) buboes were present, or else supervened, taking from 36 to 136 days for their cure. Moreover the duration of the buboes, like that of the chancre, proves the variety of their nature, and the inefficiency of local treatment. I set against this what I have seen repeated over and over again for nearly fourteen years, viz., that the genuine chancre, in all its modifications, regularly came to an end without local treatment in 6 or 8 weeks, see "Syphilitodoclin Mittheil." and that the bubo, merely covered with lint, never lasted long after the chancre. So that, apart from my theoretic point of view, I can, at any rate, have no remaining doubt that the local treatment of primary syphilis is mere labour in vain; and every one who is not afraid of making the trial will also shortly attain to my conviction. This, however, is not enough. Of the twelve chancre cases in question, although only five (viz., 2, 3, 5, 8, 9, including the case of vegetations) were indurated, we find six (viz., 1—5, 9) in which already, even during treatment of the primary disease, secondary symptoms made their appearance. And further, a second bubo was developed during the cicatrizing of the first, in two instances, viz., in case 6, two days after the cure of the chancres, continuing 69 days; and in case 12, 56 days after the cure of the chancre, which had required 51 days. So there remain out of twelve chancre cases only four which ran their course under Joseph Hermann's treatment without syphilitic sequelæ.

Over against these facts, let us take into consideration that, in syphilitic patients, the secondary symptoms do not, as a rule, make their appearance close after the primary, as they did under the eyes of Hermann, but ordinarily, not till after a shorter or longer pause, and we come perforce to the conclusion that *Joseph Hermann's local treatment of primary syphilis hastens the development of secondary.*

And lastly, let us consider that, as a rule, according to Hermann's own account (*loc. cit.* p. 7), hardly more than one-third, i. e. one or two, or at most three, out of ten primary syphilitic patients go on to secondary syphilis; whereas, under Her-

mann's treatment, this occurred in eight out of twelve, *i. e.* in two-thirds, and that besides, it is doubtful to this day whether, out of the remaining four, one or two may not still have incurred secondary syphilis after a dormant state of longer or shorter duration; and we are forced to suppose that Hermann's local treatment of primary syphilis not only hastens, but favours and promotes the development of the secondary. Thus doing downright harm instead of good.

The local treatment of secondary affections seems to me just as futile as that of primary (because I have also seen them disappear, and that permanently, without any local treatment) but not pernicious to the same extent, because the majority of secondary symptoms when removed by merely local treatment (condylomata, angina, spots, &c.) are generally apt to return with unwearied activity, and the rest will not allow themselves to be removed forcibly by local treatment. Otherwise, however, Hermann may deserve credit when, in his last brochure on syphilis (1859), he reports that the secondary forms which follow the primary, after merely local treatment, are much milder than those consequent on ordinary mercurial treatment.

One other weighty authority has spoken out of late in favour of the symptomatic treatment of syphilis, *viz.*, R. Virchow (*loc. cit.* p. 118), but with the previous announcement that syphilis is not an internal (dyscrasic) morbid process, but only a complication of local affections induced by the syphilitic virus completely deposited out of the blood into the tissues, and that an extirpation of the local affections along with the virus is practicable, even to the last remnant. Virchow himself, however, considers the last remnant of syphilis as not discoverable; and his above-mentioned pathological view as not free from doubt; for he expressly sets forth the correctness of this view as a condition of the value of his therapeutic view, and the discoverableness of the last symptoms of syphilis as a thing devoutly to be wished for. And then Virchow includes under "symptomatic treatment" something quite different from what is ordinarily called "local treatment," inasmuch as he considers the internal use of *mercury* as a remedy proper for the disease,

only that he confines such treatment to "certain specific limits still to be discovered," and says that "its undeniable dangers" should be avoided (*loc. cit.* § 115).

Lastly, we have here to consider the view taken by Hahnemann, and generally adopted by his followers, according to which syphilis, like many other diseases, consists of nothing else but symptoms; and, whenever cure is possible, can be cured homœopathically by annihilating the symptoms, inasmuch as the so-called "homœopathy" became essentially enantiopathy when it annihilated the symptoms of disease either through similarity in the medicinal symptoms, or by exciting reaction in the organism, or by evoking a chemical or physical counter movement which is opposed at once in intensity and direction to that which was called forth by the *causa morbi*.

This view has against it

1. The impossibility of permanently removing the effects of an evil, as long as that evil remains in the organism; and

2. The want of power in the infinitesimal doses of Homœopathic medicine to annihilate the morbid symptoms.

In regard to 1. That the removal of the *causa morbi* is the indispensable condition of all cures, we have already testified, with many others; and especially in the case of syphilis does this come into view *luce clarius*. Thus the annihilation of morbid symptoms must (contrary to what was found just now in the case of syphilis) give occasion to the removal of the *causa morbi*, if cure should be brought about by that mode of treatment. In a word, the converse of the axiom "*sublata causâ, tollitur effectus*" must be true! Until the advocates of this view can demonstrate *that*, this first objection is not removed.

As regards the second objection. Though, after homœopathic practice of twenty-seven years, I am far from disputing the efficacy of infinitesimal doses of homœopathic medicine, and though it has received a powerful support of late from exact experiments instituted by Professor Jolly, of Munich, respecting the discovery of the influence of Saltpetre in diminishing the volume of water, yet I must deny as absurd this power to counteract the enormously superior, and,



(as in syphilis), frequently reproduced quantity of the *causa morbi* during the morbid process.

A globule moistened with the 80th centesimal dilution of Hahnemann's Mercurius was said, in every primary syphilis, to overpower by its superiority the syphilitic virus which was continually reproduced; a globule of the 6000th "high potency" to overpower hydrargyriasis, and one of the 5000th "high potency" of Iodine to overpower iodism; "as a cold flash of lightning is said to have the power of extinguishing, as a higher potency, a brand set on fire by lightning!" as Dr. C. W. Wolf asserts, (*Homöop. Erfahrungen*, 2—5, Heft, Berlin, 1860, p. 155 and 156).

Where is the proof of the superior power of the single globule of Mercurius solubilis over the enormous quantity of syphilitic virus which is perpetually reintegrated during the course of this disease? And of the single globule of Mercury 6000 over the Mercurialism? And the single globule of Iodine 5000 over the Iodism? Or do these evils consist, like the lightning itself, solely in their effects?

Wolf appeals to the curative result; and so does Grauvogl, inasmuch as he says (*loc. cit.*), "If a medicine in the smallest dose cures a disease that commences in ever so dangerous a form, it follows that the *causa morbi* was not superior in quantity and quality to the dose of medicine." But then the curative result, even if raised above all doubt, can only prove the superiority of the medicine over the *causa morbi* when the medicine cures by annihilation of symptoms, and by nothing else.

Thus, as long as it is not proved that the infinitesimal doses of homœopathic medicine, when they cure, *do* annihilate the symptoms, and that it is by that annihilation that the *causa morbi* is removed, so long we cannot admit that the so-called homœopathy cures enantiopathically.

In all that we have said as pertaining to the question, there is, notwithstanding, no necessity for contradicting our previously expressed view of the "How" in the curability of syphilis, and acknowledging the enantiopathic method as a cure for it. It is in general not a curative method at all in *disease*, but

merely in local affections; and therefore is only to be used in actual disease as a palliative and prophylaxis.

In the latter point of view let us then not call in question its utility in syphilis, inasmuch as a radical destruction of the chancre ulcer previous to infection may well have power to prevent the commencement of syphilis. Only, unfortunately, the precise moment of infection is not yet exactly determined, and in general is past when the patient comes to the physician.

*Observation.*—If no disease can be cured without removing the *causa morbi* (see *Introduction* and *Observation*, p. 593), then the allopaths, who, for the purpose of cure, proceed to the extirpation of the symptoms, are driving the thankless trade of cutting down weeds; and, in the most fortunate cases, merely convert the diseases into whited sepulchres; and next, after what we have just discussed, steps forth the homœopath, who expects with his *minims* to annihilate the action of the comparatively colossal *causa morbi*, like one who posts himself behind or before a windmill when driven by a storm, and *blows as gently as possible* against the sails, with a view to bring it thereby to a standstill.

## 2. *Allopathy,*

whose object and problem is to draw away the disease from the parts affected, by producing artificially suitable local affections in other parts of the organism ("counter irritation"). This drawing away, or "derivation," refers especially either to the *causa morbi*, which then must naturally be a virulent one, or to its effects; and its result is evidently so much the more lasting as it refers to the *causa morbi*.

This allopathic or derivative method is as old as medicine itself, and is employed in every variety of disease; but just in the case of syphilis, up to the latest date, derivative medicine has barely been represented by an occasional purgative for purifying the blood; and only within a few years earnest allopathic experiments have been instituted.

Auzias Turenne, during experimental inoculations performed on animals for diagnostic purposes, was led to the accidental discovery that chancres are less developed the larger the number

of chancres the subject has previously had. This observation at first suggested the vain idea of affording absolute immunity from syphilis by inoculating with chancre virus from man to man; and subsequently, to the happy idea of bringing syphilization into use as a remedial agent in treating syphilis. Sperino, at Turin, and especially Böck, at Christiania, have the merit of discovering and announcing that methodical inoculation with chancre virus, up to the point of immunity from the disease, is capable of curing constitutional syphilis. The opposition raised against this from all quarters seems to have gradually subsided more and more, and syphilization is beginning to extend hither from Sweden; for instance, Sigmund and Hebra have lately had to report successful therapeutic experiments (*Zeitschr. d. Gesellschaft d. Aerzte zu Wien*, 1859).

Others, led by the results of syphilization, attempted to excite cutaneous inflammation and suppuration in syphilitic patients, with other stimulating substances, for the purpose of curing them. Vaccine matter,\* tartar emetic ointment,† blisters,‡ tincture of iodine, or strong solution of *merc. corr.*,§ inoculations with *iodine*, *merc. corr.* or red precipitate,|| were substituted; and in fact, even these substitutes for syphilization seem not to have been wholly unsuccessful.

However, vaccination has been insufficiently tried to admit of a safe judgment regarding its curative powers in syphilis. But the results of rubbing-in *tartar emetic* are, according to Hjorth's observations, not to be compared with those of syphilization (*loc. cit.*); and blisters, according to Parisot (*loc. cit.*), in syphilitic affections of the mucous lining of the mouth and throat, and in impetiginous syphilid of the scalp, and induration of the chancre and the lymphatic vessels and glands, appear utterly inefficacious, and seem to act beneficially in nothing but maculose, papulose, and pustular cutaneous syphilis and spreading condylomata; also, when applied on the

\* Fouquet, Schmidt's *Jahrb.*, 68, 61, und Lukomsky, *ibid.*, c. 33.

† Hjorth, in *Christiania*, Dr. Gjør.

‡ Cullerier Parisot, *Bullet. de Ther.*, v. p. 84; *Juill.* 58.

§ Scholz *Jahresbericht a. d. Leopoldstädter Fikialhospital zu Wien* pro 1856.

|| Max Langenbeck, *Die Impfung der Arzneikörper*, 1856.

thighs, they seem to produce a favourable change in deep-seated chancre in a short time ; whilst no positive judgment is as yet formed on the curative power of *merc.* and *iodine* applied on the skin for syphilis. So far, however, on the whole, there seems to be evidence before us that there do exist substitutes for syphilization in the treatment of the disease.

Now that syphilization and its substitutes act allopathically will be questioned by no one, especially since from the earliest periods artificial irritation of the skin has been a thing quite customary, with a view to derivation from the inner parts. In all ages Mustard plasters, Spanish-fly blisters, Mezereum, Tartar emetic ointment and plaster, issues, setons, and even the actual cautery, have been employed partly for "derivation" in the pathological sense, to diminish thereby the morbid irritation of some inward part ; but partly also for "derivation" in the ætiological sense, to conduct acrid and morbid matter ("endogenous" poisons) to excretion at the surface ; for instance, in the case of acute and chronic exanthemata that have been "driven in," or suppressed ulcers of the feet, to cause their return ; or, in case such external ulcers, &c. have to be healed, to bring the morbid matter that keeps them up to an excretion in some other parts of the skin ; which, in fact, is done, not so unfrequently with the desired effect.

Accordingly, syphilization falls quite naturally under the category of the old-fashioned "derivation" method in the ætiological sense, and the ground of the general feeling against it lies not in the fact that it employs artificial cutaneous irritation with a view to cure, but manifestly in that it avails itself of *chancre virus* to produce such irritation in syphilis. Therefore Behrend says (*Syphilidologie, loc. cit.*)

"The idea of effecting a general cure by repeated fresh inoculations of syphilis, lies so completely out of the sphere of all scientific contemplation, and is so strangely matched with the maxim *similia similibus curentur*, that I can only suppose Professor Böck to be under the influence of some self-delusion."

To this he adds, truly and wisely,

“Meanwhile, I cannot decide finally on the point. In our science much has already been brought forward as truth which afterwards proved to be error; and much indicated as extravagance which was subsequently corroborated as fact;” and, ~~we~~ add, may still boast of having done so, since syphilization is in a fair way to be fully established as the remedy for constitutional syphilis, in spite of Hermann’s opposition; who, on account of its enormous multiplication of the syphilitic virus (but perhaps especially because it does not suit his theory), has but lately denounced it as inhuman. The peculiarity, which generally passes for something singularly striking (why not say—in spite of the objections raised against it by a countryman opposed to Böck, Professor Faye—“The SPECIFIC element of syphilization”)—which at present banishes it as a dangerous companion of the so-called homœopathy, outside the pale of scientific contemplation, and shews it up as extravagant—the peculiarity, I say, just amounts to this; that, in the process, the chancre virus is employed for syphilis, that, in syphilization as well as in homœopathy and homœiatriy an *ὁμοιον*\* of *that very virus whose removal is an indispensable requisite to a cure of the existing disease, is employed as a remedy.*

This peculiarity at once ceases to appear startling and absurd, as soon as one resolves to resign as a delusion the therapeutic standing-point that has been insisted on from time immemorial, and no longer to make the removal of the *disease* but the removal of the *causa morbi* the main problem of medical skill; because then one will easily understand that syphilization cures syphilis very simply, just because it gives occasion for the entire removal of its cause, viz., the syphilitic virus from the diseased body, by calling forth powers of cutaneous excretion which attract it, and thus determine the excite-

\* *Ὀμοιον* also means *identical*; so it may here remain undecided whether the syphilitic virus is the *same* in primary as in secondary syphilis, or not. Externally, as chancre virus employed in syphilization, the pathogenetic poison may well be itself efficacious as a remedy, since it does not immediately unite with that already existing in the blood. It is, therefore not improbable that an aggravation of the chancre in primary syphilis by further inoculation from that produced artificially should promote the cure of the former.

ment of these powers against itself. The proof that the inoculated chancres attract the syphilitic virus existing in the blood, and determine the conversion of the artificially local affection into critical ones, cannot indeed be directly adduced, because the identical poison does not alter their nature, but the proof that cutaneous inflammations, excited in syphilitic patients by another morbid cause, attract the syphilitic virus, and determine the maintenance of these inflammations (for this reason, too that, there exist *substitutes* in this respect) is furnished by two cases, observed by Professor Bamberger, of small pox in syphilitic patients. "The pocks assumed an unusually broad and flattened form, and their base rose up into an exuberant, uneven, vegetation, which gradually changed into a broad, moist condyloma." *Oesterr. Ztschr. für Prakt. Heilk.* No. 10, März. 1858).

From this point of view one may further see, without difficulty, why the chancre virus, applied in a suitable manner, as a cutaneous irritant, is peculiarly capable of bringing about a crisis in secondary syphilis, as it is palpably true that excretive powers, artificially excited, must be so much the more calculated to attract a virulent *causa morbi*, and impel it to a critical action, the more they approximate to the disease, and *vice versa*.

Thus we can very calmly reflect upon the curative power of syphilization in syphilis, and even find it perfectly natural, since it is an established fact. But, assuredly, no one would ever have thought of bringing into use a protracted infection with chancre virus as a therapeutic process in syphilis, had not first accident, and then the experiment of employing syphilization against all syphilitic infection, taught us that, as a rule, it is not followed by any secondary disease, but by ultimate immunity from chancre poisoning, which Professor Danielsen lately found to be corroborated in the syphilization of a large number of non-syphilitic persons (Spedalsken), with one single exception (*loc. cit.*) Now, as this experience directly gave occasion to the therapeutic application of syphilization in syphilis, nothing is more natural than that Böck should come to think that "syphilis cures syphilis by inducing an absolute immunity

against syphilitic virus." Professors Faye and Danielsen have, however, pointed out that the immunity to be attained against the syphilitic virus by syphilization, is not universal, but entirely limited to the skin. Faye, by showing that chancre virus, after the acquired immunity of skin, still communicates the disease if injected into the subcutaneous cellular tissue; and Danielsen, by calling attention to the fact that even the skin acquires but partially this immunity, and that the skin which, in a state of morbid weakness, has become proof against disease, recovers its susceptibility to the poison with returning strength. Moreover, another objection to Böck's view is the circumstance that other substances exciting cutaneous inflammation and suppuration have likewise proved efficacious, (though still inferior to syphilization), as a remedy for syphilis. The immunity so often mentioned is not what occasions their curative power in the disease; nay, it is not at all what hinders its injurious tendency; for in the exceptional case mentioned by Danielsen, in which the syphilization of a non-syphilitic person was followed by secondary symptoms, the infection took place about the end of the 6th month after syphilization, after perfect immunity had commenced. It was thus the cicatrix of a chancre inoculated on the thigh that broke out again, and in eight days the ulcer attained a diameter of three-quarters of an inch. This ulcer was followed by an indolent bubo on the same side, next, after about six weeks, an eruption on the scrotum; and again, in four weeks more, angina ulcerosa, and other constitutional syphilitic symptoms. Upon this the syphilization was tried anew, and in fact employed with the desired effect. However, the circumstance that soft chancres, as a purely local malady (Ricord) were not followed by infection, is not, as Danielsen is inclined to believe, *the* preventive of the mischief to be apprehended from syphilization; for all inoculations with virus taken from hard chancres give, in case of secondary syphilis, soft chancres; and these (see above) may be followed by secondary symptoms too. Besides, Danielsen seems to build his conclusion on incorrect premisses. For he ascribes the subsequent outbreak of syphilis to an experimental inoculation from a chancre afterwards indurated in the beginning of the sixth month



after the first syphilization (in the above-recorded instance) which was followed by a thoroughly characteristic pustule, but only an insignificant ulcer; whereas the outbreak of the old cicatrized chancre on the skin, just like that of the cicatrix of a chancre by natural infection which is imperfectly cauterized, leaves hardly any room to doubt that it was the cause of the last developed syphilis, and thus that chancre virus, inoculated continually by syphilization, must thus be hindered in some other way, from procuring for itself a value as a new *causa morbi*, since syphilization could not otherwise cure at all. We imagine it cannot become a *causa morbi* when it finds already established a syphilitic morbid (poison-producing) process; because no two identical, nay, not even similar morbid processes can, according to theory and experience, exist simultaneously in the same organism. In fact, the idea that any one can, at one and the same time, be twice syphilitic (primary or secondary), or can have primary and secondary syphilis both at once, is perfectly absurd.

The inoculated chancres in syphilitic patients are, according to this, like those produced by vaccine, Tartar emetic ointment, Tincture of iodine, strong solution of *merc. corr.*, &c., local irritations; but they stand as chancres in the same relation to the syphilitic virus circulating in the blood, as the critical local affections brought about by the virus itself; and must, therefore, like them, be calculated to attract to themselves, and to excrete the syphilitic virus out of the blood.

This is the "special" element in syphilization. As for cutaneous inflammations and suppurations stimulated by morbid agents less specific than the syphilitic virus, they must assume the specific character before they can become curative; and of course they continue so much the less efficacious, in proportion as they are less fitted to attain this specificity. In confirmation of this position, I may recall to remembrance the above-cited cases of variola in syphilitic patients, and the insignificant effect of blisters in those cases.

Accordingly, syphilization is to be preferred unreservedly to all other cutaneous irritations in promoting the cure of syphilis;



because, even in that method, allopathy is converted into external homœiatry. (See below). It is therefore to be expected that it should take an honourable place in the treatment of secondary syphilis: but its employment will, in time, be limited to peculiarly obstinate cases; for they who have learnt the efficacy of the mild, agreeable, always safe internal homœiatry, will not go over to the violent, wearisome, external treatment, which always threatens danger of erysipelas and phagedæna. (See Böck and Michaëlis).

*Observation.*—From the above discussion, it is manifest that allopathy becomes the curative method when, in virtue of the specificity of the medicine, it is changed into homœiatry; otherwise it, like enantiopathy, is, and ever will be, at best, a palliative method.

### 3. *Homœopathy.*

By this term is to be understood that medicinal process in which the virulent morbid agent is rendered powerless by a stronger similar morbid agent. Thus, in delirium tremens, the aldehyde is suspended by large doses of *opium*; in intermittent fever, the malaria virus by large doses of *china* or *quinine*; and in syphilis, the syphilitic virus, by large doses of *mercury*.

The employment of the homœopathic method can only result in the recovery of the patient, when, at the time of suspension, the *causa morbi* exposed to appropriate excretory vents, excites these very vents to act against itself, and so becomes a natural medicine, a cause of its removal from the diseased organism. If the *causa morbi* stays behind in the system, then, after the suspending action of the homœopathic remedy has ceased, it resumes its power; and then relapses commence, which are the more severe, inasmuch as the morbid agent employed homœopathically becomes a *causa morbi*. It then not only adds to the existing disease a new one, but also impedes the crisis, as it shuts up to the *causa morbi* the appropriate excretory organs, thus burdening them.

*Mercury*, in large doses, has been given for syphilis, ever

since the disease became common, as the chief specific; thus, the homœopathic treatment is the oldest, though it has not, till quite lately, (viz., by Bärensprung) been properly recognized and accredited as such. Bärensprung says (*loc. cit.* p. 277). "It is not the Mercury, but the mercurial disease that removes the symptoms of syphilis, inasmuch as the disappearance of the latter synchronizes with the development of the former. This however, is no cure, but a mere suspension, the inducement of a latent period of syphilis which lasts just as long as the mercurial action continues; then syphilis reappears under another form, which is more unfavourable in proportion as the constitution of the patient has suffered in the interim." And thus he characterizes *merc.* fully as a homœopathic medicine; for a morbid agent which, like mercury in syphilis, has power to suspend by its action that of the *causa morbi*, and so to bring the latter to a latent condition, must necessarily possess the power of reaching those regions of the nervous system which are occupied by the *causa morbi*, and so affecting them that they become unsuspceptible to the action of the *causa morbi*, because a *causa morbi* can be suspended in no other way; it must, in short, necessarily be a homœopathic remedy.

Now the main condition of syphilis becoming latent is the cessation of the process by which syphilitic virus is generated; the local affections fall to the ground of themselves, as soon as the stock of virus is deposited out of the blood into the tissues, and in fact, as we found above, in proportion as these tissues are in a condition to subdue the virus critically; so that, in order to bring syphilis to a latent condition, the *mercury* has merely to reduce to inactivity by its more powerful homœopathic action the syphilitic virus as an infecting element, as a perpetual cause of the reproduction of syphilitic poison, and to this end it has *nothing further to do*. If no other virulent action of the *merc.* be developed, and in particular, if the suspension of the *causa morbi* by the *merc.* does not extend also to the critical action of the former, then, if nature does her duty, recovery ensues, because the *merc.* has not power to establish a new process of poison-formation in the place of the syphilitic process which is removed. Unfortunately, the sus-

pending action of the *merc.* when employed in large doses, generally extends not only to the pernicious, but also to the curative part of the action of the syphilitic virus, and, moreover, it stands obstructively opposed to its excretion, because, as the *δυσίον* of the syphilitic virus, it occupies for itself those excretive powers which are required for the elimination of that virus too much to allow them spare time and room for its expulsion; for the result of homœopathic treatment in syphilis is generally, according to experience, not recovery, but merely a latent period of the disease, which is, sooner or later, followed by a new infecting period, a new process for the production of syphilitic virus, caused by the reappearance of a remnant of the virus from its latent condition, since the previous infection period. Yet, as before said, it is quite possible that, under favourable conditions, the homœopathic action of *merc.* may not damage the crisis of the syphilitic virus, and it accordingly fulfils its purpose thoroughly. Nay, more, *merc.*, under peculiarly favourable circumstances, and in suitable proportions, may, in the excretive processes which it excites against itself, still leave room for the syphilitic virus; and the latter may be attracted by those processes, and determined to a spontaneous excitement leading to its complete expulsion. In both cases, recovery would then be the result; but in the latter, the *mercury* alone cured; and that because it became a homœiatrio remedy.

Although homœopathy can only suspend, yet it continues to be a last resource in those bad cases (probably rendered so by errors in treatment) where threatened destruction of organs demands speedy prevention.

The homœopathic, like the enantiopathic and allopathic method, is not curative; it may, however, as well as the latter, become curative when it is converted into the homœiatrio.

#### 4. *Hydrotherapeutics.*

In this method there is a kind of universality; water can, just according to the manner and object of its employment, act enantiopathically, allopathically, and (although in a different sense) even homœopathically; it can overcome

morbid symptoms by derivation directly, and by provoking reaction; nay, more, it can, if employed externally and internally in a suitable manner, act "derivatively" in the etiological sense too, by what are not improperly called its "crises," when employed in suitable cases, and thus it becomes a true (*s. e.* homœiatic) curative medicine. Water, however, cannot, like homœopathy proper, *suspend* diseases; and its curative allopathy is limited to cases where it can induce and maintain its crises with sufficient extent and continuance; and where these crises are calculated (like the inoculated chancre of syphilization) for conversion into crises of the disease under treatment; and these cases are not so numerous as is generally supposed; syphilis in particular does not belong to the class of disease in which hydropathy can render any service.

A systematic water cure, conducted in a beautiful healthy locality is, nevertheless, in certain circumstances also calculated to brace an enfeebled constitution, and thereby to enable the organism to exercise an autocratic reaction against a *causa morbi* otherwise invincible. Even in syphilitic cases, the water-cure seems to exert *this* beneficial influence; not, however, for the natural, but for the mercurial disease.

*Observation.*—Hydropathy is, accordingly, under peculiar circumstances, an excellent means of strengthening the health, and has the power, when rightly employed to its full extent, to become homœiatically a curative method, by means of its *crises*; but, like all other palliative methods, when misapplied symptomatically, as it so often is, avails nothing for the purpose of cure. The only advantage it offers as a palliative method is the relief of a morbid symptom; and this advantage is only of importance when the dangerous development of such a symptom can be prevented by it; otherwise, assuredly for the most part, the pernicious influence (to be feared from all palliatives) over the natural progress of the diseases towards recovery counter-vails this advantage. And in this respect we can only concede to the water-cure, that it does not equal the old fashioned enantiopathic and allopathic systems in mischief.

5. *The Homœiatic Method.*

I thus designate that medical procedure which, for the purpose of cure, does not aim, like enantiopathy, at removing sufferings; nor, like allopathy, at inducing fresh sufferings; nor, like homœopathy, at suspending diseases; but which, according to the curative law discovered by Hahnemann—“*Similia similibus curentur*,” employs a poison *like* the virulent *causa morbi*, in the smallest doses, in order to induce the natural favourable crises (the excretion of the *causa morbi*): in a word, the art of effecting a cure by a *simile* of the virulent *causa morbi*, or at any rate of diminishing or retarding the danger of the poisoning.

Hence the limits within which alone the homœiatic system has power to render any service are self-evident. It can only help us where a poison in the blood forms the *causa morbi*. Where a spicula of bone in the brain or lungs, a thorn or cysticercus in the eye is acting as a stimulus to inflammation; or where a cyst as large as an apple, filled with a colloid substance, in the third ventricle of the brain brings on amenorrhœa, headache, vertigo, amblyopia, total loss of memory, and ultimately coma and death, as I saw in a case in 1858; or where thrombus or embolism endangers life, or a flexure in the uterus causes hysteria; or a cicatrix pressing on a nerve produces epilepsy; or the head of a scirrhus hypertrophic pancreas pressing on the *ductus choledochus* (as I noticed only lately), or an adhesion of the duct itself (as I observed in 1859) brings on jaundice; or where any other organic *residuum* of a disease that has passed off becomes a *causa morbi* for a fresh attack, &c. &c.; in all such cases, homœiatic treatment is utterly incapable of contributing anything towards a cure.

Not only is the sphere of homœiaticy limited in extent, but also its power within that sphere is limited. It cannot, by any means, *always* promptly bring about the favourable crisis, perfect what is incomplete, avert the evil, and turn it into good. It finds itself incapable of preventing the unfortunate issue of a disease, where for want of receptivity, or of energy, or of both in the appropriate excretory organs, there is want of disposi-

tion to the requisite critical actions; and where the superabundant *quantity* of pathogenetic poison cannot be subdued, “Repugnante naturâ, medicina nihil profoit.” Celsus.

Nor can it prevent the continuance of the disease, nor relapses, nor other sequelæ, where external influences (the persistence of exciting causes) or the introduction of something from without into the system, determine a fresh supply of the *causa morbi* in preponderating measure.

Nor can it, in every case, *promptly* induce a favourable orisis where, as generally happens, the latter depending on the course of the disease, cannot commence before the acme. It is only in the commencement of croup, and of certain cerebral inflammations, in many kinds of rheumatism, and in many catarrhs of the alimentary canal, and some other morbid conditions, that the favourable crisis can be brought on *at once*; whilst even in simple catarrhal fevers, which from their nature are not likely to run their course in one day, three to five days at least are necessary. Other acute diseases require 7, 14, 21, 28 days, and so on; and all that homœiatry can do in such cases is to produce a diminution of degree in the development of the disease,<sup>1</sup> and a hastening of its arrival at the earliest termination permitted by the laws of nature. But chronic diseases require months, nay years, for their cure, as a rule.

Between the ability to cure and the inability there lies, for homœiatry as well as for nature herself, the possibility of arresting the danger of poisoning by exciting excretory actions appropriate to the virulent *causa morbi*, and of diminishing the sufferings of the patient. Homœiatry, however, is, in any given case, so much less suited to such palliation, in proportion as the *curative* power of the *causa morbi* is already overcome by its *pernicious* action.

We have just defined, as homœiatry, the art of inducing and completing the excretion of a *causa morbi*, by a homoion of the same, and of thereby effecting, in curable diseases, a perfect cure; and we had previously shown that the virulent *causa morbi* must always call forth the excretory actions against itself; and that this curative action of the virulent *causa morbi*

can only be caused and completed by the artificial excitement of excretory actions adequate to it; and that nothing but a similar poison employed in due proportion is calculated to produce the desired effect.

All this is, in the case of syphilis, as clear as the sun at noonday.

1. Syphilis is indubitably a disease proceeding from a virulent cause.

2. The cure of syphilis demands of necessity the removal of the syphilitic virus out of the organism to the very last remnant.

3. The physiological spontaneous curative effort of the organism attains its object in syphilis by the constant deposition of the virus out of the blood into the tissues, and by excretory activities which the virus calls forth against itself in and with local affections.

4. It is only by promoting this physiological spontaneous effort of the organism that the cure of syphilis can be artificially induced.

5. Nothing but a *simile* of the syphilitic virus, employed as medicine in a suitable manner, can support this physiological spontaneous curative effort by the excitement of excretory powers adequate to that relief. This is proved by the *negatively curative* results of the enantiopathic, of the irrelative allopathic, and of the violent homœopathic methods on the one hand, and the positively curative results of syphilization and the homœiatrio method, hitherto falsely called "homœopathy," on the other hand. *Syphilis can only be cured Homœiatrially!*

Accident, soon after the prevalence of syphilis, taught men to recognize in mercury a specific against it, which rapidly got into general use and was renowned as one of the surest remedies. It is true that, from time to time (as again just now) a strong opposition was raised against it, which not only would not allow *mercury* to be of service as a cure for syphilis, but denounced it as a highly pernicious poison; yet it always kept coming into acceptance again, and does to this day.

As for the fact that *mercury* is a specific for syphilis, and the reason why it is so, both these are shown by the pharmacodynamic "provings" instituted by Hahnemann. It has the power to imitate the symptoms of syphilis, when given in sufficiently large doses to predisposed individuals (vid. *Reine Arzneimittellehre*, 1 Bd.), it thereby establishes its character as a homoion of the syphilitic virus, in which capacity it further makes itself decidedly known by its power to suspend the action of that virus. And the fact of its being, though a real specific against syphilis, sometimes decried as a dangerous poison, is accounted for by Hahnemann's curative law; for it was constantly employed, *not* in small curative, but in large poisonous doses. When administered in sufficiently small doses, I can testify, from nearly fourteen years' experience, that it regularly, without any aid and in the most agreeable manner, cures primary syphilis with certainty, and without sequelæ, in six or eight weeks. Let any one who will not believe this make the trial, which is easy enough, with a sincere love of truth.

As in Mercury was found the main specific against syphilis as a whole, so were especial specifics found in Nitric acid and Sarsaparilla against secondary syphilis, and brought into general use under certain circumstances; whilst some other medicines pointed out as specifics for syphilis failed to gain credit. At last *iodine* entered the lists, and came into general use, partly as a substitute for and partly as an antidote of *mercury*.

Amongst the last-named medicines, however, only the one best verified, as a specific for syphilis, by the results of the pharmacodynamic provings, viz., *nitric acid* (vid. *Die chron. Krankh. von Hahn.* 2 Thl.) is to be recognized, with certainty, as a homoion of this syphilitic virus, and it has already frequently proved itself such, but only in homœiatrio practice. According to my experience, it is suitable in primary syphilis after the abuse of *mercury*; and in secondary syphilis to follow *merc.* especially in exanthemata, broad condylomata, mucous patches in the mouth and anus, and in angina.

Hahnemann has besides indicated Thuja alone as a specific for the disease called by him "the fig-wart disease" (sycoosis), (R. A. M. L. 5 Thl. *Die chron. Krankh.* 1 Thl.). And it has



been found efficacious by me in sycosis, and especially for vegetations on the prepuce and glans, when used only internally.

So, according to this, the best recognized and most used remedies for syphilis are just the same in the old and new schools of therapeutics; and in one as well as the other Mercury stands high as the chief specific. The *quantity* alone determines the difference between the two schools. In the old school the dose is, as we saw, well calculated to turn the remedy into a poison; whilst, on the "extreme right" of the new school, the idea proposed is to potentiate the dose down to *nothing*! The consequence is, on either side—*Poisoning*! in the latter case, negatively, because a nullity does not interrupt the natural poisoning; in the former positively and doubly, inasmuch as a second poison is introduced in addition to the *causa morbi* with pernicious activity; and besides this, the original poisoning is promoted by disturbing the crises. Thus, between these two—Scylla and Charybdis—there lies a spot of no great extent, where the hostile brethren of the faculty must, *volentes volentes*, ultimately shake hands!

## PART SECOND.

### CLINICAL COMMUNICATIONS ON THE TREATMENT OF SYPHILIS.

#### INTRODUCTORY REMARKS.

When, in 1846, I gave up my medical post in the mining district of Sommerschenburg, and went to settle at Magdeburg, I had, during more than thirteen years practice of homœopathy, scarcely had any opportunities of treating a case of gonorrhœa, and only once, in all that time, did a patient come to me with chancre syphilis; but he afterwards left me (when I had just begun to treat him with *merc. sol.* 3, one dose per day) to place himself under the care of a celebrated allopath (Pockels) at Brunswick. (By the by, in a few months the man, who had been as blooming as a rose, came back from Brunswick broken in health and bald-headed). Thus, utterly inexperienced in the homœiatic treatment of venereal diseases did I enter on my practice at Magdeburg; and in this respect not without scruples, because I had, in the Charité Hospital at Berlin, 1823 and 1824, learnt the

treatment under Rust, C. G. Neumann, and Kluge, after the manner of Dzondi, Weinhold, Berg, and Louvrier, and had often enough, in the six following years at Magdeburg, treated the disease myself; whereby, the conviction that nothing but an energetic onset could guard against the dangers of syphilis was firmly rooted in my mind. I could do no less than communicate my apprehensions to my friend Rummel, who quieted me with the assurance that in syphilis, as in other diseases, he could do with the small doses of homœopathic medicine, and thereby gave me courage to give up even in chancre syphilis the customary big doses of the 1st trituration of *merc.*, because I could find no reason why in this, contrary to all other chronic diseases, the larger doses should be the more suitable.

I had also been previously accustomed to treat venereal cases not only with highly energetic doses of medicine, but with very rigid diet and very strict regimen. The so called "antiphlogistic" diet was no longer enough; the patients must starve also to the utmost; and, as the great doses of *mercury* rendered it very dangerous to take cold, they must keep their room, if not their bed, all the time. The antiphlogosis, however, got out of repute since; and the idea that one could remove the infection-state by starving the patient did not any longer appear probable to me. The consequence of this was that I resolved, without any further persuasion, in the homœopathic treatment of venereal as well as other diseases to confine the patients to a suitable diet, without making them fast. As for keeping to their room or bed, that fell to the ground of itself, because it was only designed to prevent the ill consequences of the mercurial poisoning.

That maxim of Rust's, "to regard the local anomalies as a barometer of the condition of syphilitic infection," which I had long adopted, made it my duty ultimately to abstain from decided local treatment of the venereal symptoms; and so much the more, as I, being in general opposed to symptomatic treatment, had always been inclined to consider most of the symptoms of syphilis as critical—as local effects of the poison which has to be removed from the blood—as means whereby the excretion of it from the organism is effected.

Thus prepared, therefore, I proceeded to the treatment of venereal disease, which in Magdeburg soon became more and more a subject of my practice. I exhibited the homœiatrie homœopathic medicines, as a rule, in globules of 4—6 dilution, enjoining no local treatment beyond the greatest possible cleanliness, and leaving the patients otherwise at perfect liberty, except avoiding highly-seasoned, fat, and acid food, alcoholic drinks, and coffee; and I will now present the results which I obtained in a period of nearly fourteen years of such treatment:—

*Extract from Journal, 1856.*

|   |    |
|---|----|
| In 1856 there were treated by me, for chanore (often with phimosis, seldomer with paraphimosis) in five cases with buboes developed ..... | 25 |
| Bubo ... ..   | 2  |
| Condylomata, after allopathic treatment ....  | 10 |
| Angina and angina ulcerosa after ditto.....   | 5  |
| Excoriation of penis after ditto.....   | 8  |
| Gonorrhœa of the glans .....  | 4  |
| Ditto of the urethra .....  | 24 |
| Inflammation of the testes.....   | 4  |
| Gleet .....   | 7  |
|   | —  |
|   | 84 |
|   | —  |

These patients all left me freed from their maladies, except two; one, a bubo patient, stayed away after my third prescription; and one, with inflammation of the testes, after my second prescription; and my prescriptions extended ordinarily, in primary syphilis, over two days. Four of the 82, however, were not dismissed as cured till 1857.

The year 1856 was chosen for this extract, because in 1857 I came to the resolution of publishing my syphilidoclinic observations; it was also the year “last past,” and I put forth the extract to serve as a starting point for calculations of credibility. I am practising now since Dec. 1846, *i.e.* thirteen years and a-half, at Magdeburg. Now, I leave the first half year entirely out of the amount, the smaller number of venereal patients who came

under my treatment in the first year should be modified by the greater number from the last four years; and thus, multiplying the average by thirteen would approximately give the sum total in which the individual forms of venereal disease were treated by me since 1846. But, out of this total, none but the 825 chancre cases shall be brought prominently forward.

*a. Primary Chancre-syphilis.*

*1. Chancre.*

I have always considered as chancre those ulcers on the sexual organs which, commencing in consequence of coition, lasted beyond four weeks. Thus, ulcers of the mucous membrane of those parts, which were cured in 8 to 14 days, are not classed with chancres.

Chancre hardly ever came quite recent under my treatment; sometimes it had been treated with caustic; sometimes (especially in the earlier period) with purgative remedies; at other times with *merc.* or *iod.*, or (especially in the latter period) with *hydrargyrum iodatum* (Iodide of mercury); most frequently, however, not treated at all, which I was naturally most glad to see. It was only exceptionally that a female case now and then came before me, occasioned by infection from a male. It was most commonly where the prepuce is attached behind the glans (and that not unfrequently on the frenum), often on the prepuce itself, sometimes on the glans, seldom on the cutis, that the chancre had its seat. It often exhibited the indurated condition; seldom was very deep, so as to present a cavernous appearance; seldom, on the other hand, prominent; and to this day I saw but one that was actually gangrenous. Phimosis was no uncommon accompaniment. Paraphimosis was less frequent. Also, swellings of the inguinal glands often appeared along with chancre, which, however, seldom developed into perfect buboes, and, unless they did so, were never considered as buboes.

The treatment of chancre-syphilis consisted very simply in administering daily (morning and evening) two doses of *merc. sol. Hahnemanni* in globules saturated with 4—6th decimal dilution, till the chancre had changed into a clean healing wound; after which, an evening dose alone was continued till the cure was

completed. If a patient had before the commencement of my treatment been already treated with *merc. corr.*, Precipitate, or Calomel, or with *hydrargyrum iodatum* in large doses, I used to give *acid. nitric.*, and did not give *merc. sol.* unless no amendment whatever took place within eight days, or if, at a later period, the amendment that had commenced did not go on kindly. In the same way I proceeded, if the patient had previously gone through courses of *merc.* in large doses on account of former infection. Also, under such circumstances, I prescribed the use of *sulph.* 30 for 4—8 days, and returned when necessary to *merc.* again. But also when, without such antecedents, the cure of chancre did not go on kindly with the use of *merc.* I used to give with good effect *nitric acid* until the incipient amendment began in a measure to halt again, in which case I would again recur to the *merc.* Externally nothing was ever employed to cure chancre; only in aid of cleanliness, I had lint or wadding laid on the sores once or more times a day, according to the discharge of matter, when the prepuce could be retracted; or if it was a case of phimosis, lukewarm water was frequently injected between the prepuce and the glans. In regard to diet, I have already spoken in general terms.

Under this treatment, primary syphilis commencing simply with chancre regularly ended in complete recovery within six or eight weeks; and just as regularly did unmistakeable amendment set in about the third or fifth week of treatment. The first sign of amendment was, constantly, that the base of the chancre lost its specific character, and a bright red, often easily bleeding, granulation arose on it, while the margins of the chancre flattened. Then the discharge would gradually diminish, and the sore diminished bit by bit to the point of complete cicatrization; during which process the hardening of the base of an indurated chancre always gradually disappeared totally. The complete healing of chancre that ensued in this manner may be considered as a sure proof of the cure of syphilis; for, out of the hundreds (325) who came under my treatment for chancre since 1846, there were but four cases followed by secondary syphilis, as far as my subsequent inquiries reach; and I have followed them all attentively, kept many of them under my own eyes, as many

came after a long period back for treatment with fresh disease (of one kind or other), and I have even begged of many allopathic colleagues in this place to inform me if any primary syphilis patients, after being under my care, sought their help for secondary symptoms. And, of these four cases, two had been already treated a long time allopathically before they came to me; and in one of these it was to the last doubtful whether the vegetations that were discovered had not been present before I commenced my treatment; and one patient was, in all probability, in a latent period of secondary syphilis, whilst, in the single remaining case, no extraordinary cause for the appearance of secondary disease occurred, beyond occasional neglect of the use of medicine. These four exceptional cases occur amongst the following clinical reports, under 6, 7, 8, 9.

#### SOME CLINICAL REPORTS.

##### 1. *Chancre on the Prepuce and Glans.*

Mr. D—, a young unmarried man, who was otherwise in health, and had never before been infected, had, when I first saw him, Sept. 19, 1857, two chancres on the inner surface of the prepuce. One of 16 days, the other of two days' standing, and the base of both projected over the prepuce. *Merc. sol.* 5; a dose evening and morning in globules; local cleanliness and diet as above.

Oct. 2, 1857. The second chancre is become larger than the first, and a third has commenced; same medicine.

Oct. 11. The first chancre is beginning to heal; the second is no longer increasing, and the last continues the smallest. The patient has the left tonsil highly inflamed. *Bell.* and *merc. sol.* 5; a globule of each medicine dissolved in 8 teaspoonfuls of water; a teaspoonful of each alternately, every two hours.

Oct. 15. The inflammation of the tonsil removed. The first chancre flattened, and almost half healed, the second less prominent, and rather smaller, and the third nearly healed. *Merc. sol.* as before morning and evening.

Oct. 22. Some fresh vesicles have appeared on the prepuce, which broke out, and now present prominent sores with lardaceous bases. There is also on the glans, near the opening of the urethra, another chancre commencing, which, however, does not project over

the mucous membrane. Much ichorous discharge. *Acid. nitr.* 6; a dose in globules morning and evening.

Oct. 29. The sores exhibit universally a healthy granulation; discharge less, and have diminished. Same medicine.

Nov. 7. Progressive healing of all the sores. *Acid. nitr.*, only evening.

Nov. 14. The sores on the prepuce are healed; that on the glans not quite yet. Same.

Nov. 20. The last sore is healed too, and not a suspicious trace left of any of them.

I noted down this case especially at the time, because it seemed to me remarkable on account of the successive eruptions of chancre, and the prominence of that on the prepuce.

### 2. *Indurated Chancre.*

Mr. M. of A—. Unmarried, 40 years old, who had never before been infected, was suffering for four weeks from a chancre without taking any medicine.

May 25, 1859. The chancre was situated in the groove behind the glans, about half an inch from the frenum, and was indurated; the prepuce was swollen. *Merc. sol.* 5, night and morning. Diet and external treatment as above.

June 24. The swelling of the prepuce has disappeared; the base of the chancre covered with bright red granulations, and is softening. Same medicines.

July 8. The sore completely healed, and its hardness almost entirely subdued. One dose of *Merc. sol.* at night only.

July 17. The cicatrix of the chancre alone is now to be seen; but cannot be felt.

In August and Nov., 1859 and in April, 1860, I saw and examined Mr. M., who was very anxious, and found him quite well.

### 3. *Indurated Chancre with Phimosis.*

Mr. K., young, unmarried, never infected before; diseased for eight days.

July 5, 1858. Phimosis; discharge of pus between the prepuce and glans; on each side of the glans a hard, painful spot; also gastric catarrh, with daily attacks of intermittent fever and great prostration. *Merc. sol.* and *bell.* 6, to be taken alternately four times a day in globules.

July 12. The feverish gastric condition is removed, and patient is visibly relieved. The phimosis, on the contrary, is worse, and the pus discharge increased. *Merc. sol.* night and morning.

Aug. 5. The discharge continues severe, yet part of the apex of the glans can be seen. In other respects the patient is well. *Acid. nitr.* 6, in globules night and morning.

Aug. 26. The prepuce can be withdrawn nearly to the corona of the glans. On each side of the glans there is now a cicatrix, about the size of a lentil, but not at all hard, but in the groove behind the glans there is still a hard spot to be felt painful to the touch, which is evidently the source of the pus which still discharges from the prepuce.

The patient having to leave Magdeburg on business for a few weeks, was ordered to take during that period *merc. sol.* in globules; at first, night and morning, but in eight days, in case of progressive improvement, only at night.

Sept. 16. For some days past the prepuce can be entirely drawn back, and one can now see, behind the corona of the glans, above, on a base not yet completely softened, the remnant of the last chancre, of the size of half a lentil, exhibiting a bright red granulation, and only giving out a little thin secretion. Same prescription.

Sept. 24. The last chancre is now healed, and all hardness has disappeared.

#### 4. *Gangrenous Chancres and Phimosis.*

Mr. B., a young man employed on the railway, never syphilitic before; infected about fourteen days, but barely eight days ill.

Aug. 20, 1857. Phimosis and swelling of the prepuce; discharge of pus, painfulness and resistance of certain spots of the prepuce over the glans. *Merc. sol.* as usual.

Sept. 4. Considerable swelling, redness and painfulness of the  
 of pus between the prepuce  
 morning; injection of tepid  
 the penis in lint.  
 epuce an elevation is formed,  
 kish in the centre, which is  
 that, goes on with his duties,  
 njection and wrapping in lint,  
 s with linen; now, however,



Sept. 8. The gangrenous abscess of the prepuce has broken open, and now forms a large chancre, perforating the prepuce. Since that the pain is much diminished. *Merc. sol.* as before.

Sept. 10. Except the swelling, the perforating chancre looks better. Same prescriptions.

Sept. 20. The chancre in the prepuce is smaller; its base red; the swelling of the prepuce, and the discharge from it, much diminished. The healthy apex of the glans is become visible, and the patient feels quite well. Same medicine.

Sept. 30. The perforation in the prepuce is to be seen clearly in the clean base of the sore. Ditto.

Oct. 10. The sore is healed to the size of a lentil; granulation healthy. The perforation in the foreskin is diminished; yet the foreskin and glans are still in an irritated state, and behind the crown of the glans there is still a painful induration, which is evidently the source of the discharge still increasing from between the glans and prepuce. *Acid nitr.* as before.

Oct. 16. The irritation of the glans and prepuce, and the remaining swelling of the latter, as well as the sensitive induration behind the crown of the glans have all disappeared; the insignificant remainder of the sore on the outside is dry, and of very trifling depth; the discharge from between the prepuce and glans is now very slight, and also sometimes passes through the hole in the prepuce visibly. Same medicine.

Oct. 28. No more suppuration. The hole in the prepuce closed by a scab. The retraction of the prepuce, however, is still impossible. Same medicine.

Nov. 9. The prepuce can be completely retracted, also the sore in the groove behind the glans is healed, and has, like the upper one on the prepuce, left no hardness behind. The scab on the hole stays on, and the inside seems perfectly closed. The patient's general health is perfectly good. No more medicine.

Jan. 20, 1858. Patient has no trace of his disease except a hole in the prepuce as large as a pin's head, which appeared when the scab fell off. He came to ask if this would do him any harm; and, when I quieted him on that point, he declared he would not submit to any operation on account of that.

##### 5. *Chancre and Bubo.*

Mr. H., a young man in the army, had for about a fortnight

a chancre in the groove behind the glans; was well otherwise, and had never been infected before.

Feb. 16, 1856. He came under my care, and, as usual, took *merc. sol.* night and morning. In March, as the chancre began to heal, a bubo was developed in the right groin; grew as large as a hen's egg, and was ripe towards the end of the month; but, though often very painful, did not prevent him attending to his duty. The bubo was covered with wadding. *Merc. sol.* continued, until fluctuation was perceptible; then *hep. sulph. calc.* instead of *merc.*, till it came to a head, which happened April 2, with a small circular opening when the chancre was near healing.

April 14, the chancre, and April 22, the bubo was perfectly healed; the former without induration, the latter without any specific cicatrix.

I add to this, May 1860, that Mr. H. has remained under my eye ever since, and is happily married, without having observed any trace or sequelæ of the above-described disease.

#### 6. *Indurated Chancre in a Latent Period, and Secondary Syphilis in immediate connexion with it.*

Mr. N., a young official of powerful frame had suffered from childhood from eruptions, bleeding ulcers, and an unhealthy skin; in consequence, as he thought, of his father having once been subjected to a strong course of *mercury*. Two and a-half years before, when a student, he had a chancre which a doctor eradicated by caustic. Upon this he felt quite well for two months; but then a large bubo was developed rapidly in the right groin, which was treated by a physician at Berlin, celebrated in such cases, by the internal use of pills, and then the external use of warm poultices and ointment rubbed in, and was soon lanced. The bubo made fistular openings (sinuses) in various directions: resisted all medical efforts nearly three months; at last, when it threatened infiltration of the scrotum, it was cured by inunction and starving treatment, leaving as a mark a long zigzag cicatrix.

July 25, 1857. Mr. N. has had for about a week a chancre of the size of a bean on the inner surface of the prepuce over the glans. The basis of the chancre is flat, but dirty, and lardaceous, and hard, with hard elevated edges, and discharges a quantity of thin ichor. *Merc. sol.* as usual.

Aug. 2. The chancre has attained the size of a shilling, and the

discharge is so increased that the sanies, in spite of frequent application of fresh lint flows away, and soils the linen very much. To this was added a swelling behind the cicatrix of the old bubo. Same medicine.

Aug. 6. The edges of the chancre begin to flatten and lose their hardness, whilst their base is acquiring a bright red granulation, but is increased rather than decreased in circumference. The bubo seems to be inclined to disperse again. Patient is suffering, since yesterday morning, from a very prevalent diarrhoea, with vomiting, and had to take for it *Ipec.* and *Veratr.* 3, in solution half hourly doses alternately.

Aug. 8. The intercurrent gastro-enteritis is over. *Merc. sol.* as before.

Aug. 20. The bubo has dispersed, and the healing of the chancre proceeds favourably so far, but to-day the discharge from it seems all at once greatly increased again, with a blackish lardaceous depression of irregular form in the middle of its healthy red base; also the cicatrized spot in the right groin is again rather swollen and sensitive. *Acid. nitr.* 6, night and morning.

Aug. 30. The base of the chancre is again throughout very bright red; only in the middle still a little depressed, and the skin is beginning to grow over the edges, which are become soft and flat. There is but a trace of the bubo left. Same medicine.

Sept. 8. Chancre half healed; granulation healthy, the base soft, the discharge moderate and healthy; bubo dispersed. Same medicine.

Sept. 15. At the left end of the sore on the prepuce (which is cicatrizing and now only of the breadth of a straw, and three quarters of an inch long), a small hole, whose depth cannot be seen, has quite suddenly appeared, and a fresh induration has begun around it. *Sulph.* 30 at night in globules.

Sept. 17. The deep little hole in the chancre is filled up again, all but a flat depression, and exhibits a red granulation; but the induration of the base is unaltered. Same medicine.

Sept. 23. The chancre is healed; meanwhile the induration of its base continues. *Merc. sol.* as at first.

Oct. 10. The induration of the prepuce is somewhat less; but there are some small burning patches on the lips. *Acid. nitr.* every other day.

Nov. 25. The induration on the prepuce thinner, but still of the same extent, with here and there an excoriation on it, which, however, kept constantly healing again. The exudative excoriations on

the lips still continue, and there is besides angina, with similar excoriations on the left tonsil, and small scabs on the scalp, and swellings up the glands of the neck have come on; the hair begins to fall profusely from the scalp and eyebrows.

May 1858. At Berlin the patient took decoct. Zittmanni without *merc.*, and on returning to Magdeburg took, after some time, a decoction of sarsaparilla. The secondary symptoms have certainly thereby greatly diminished, but are every one still present, even including the little sore on the left tonsil. Patient went for several months to a water cure. Patient went to Berlin, under the treatment of Professor Von Bärensprung.

Oct. 1858. The symptoms of lues venera have not yet completely given way, yet the patient's general health is good.

I indicated this case as primary syphilis in a latent period of the secondary, on the following grounds:—

1. Mr. N. had been two and a-half years before his second infection, in Ricord's sense of the word, not simply infected, but actually tainted, which is sufficiently proved by the malignant bubo which was developed in him, after a latent period of two months.

2. Mr. N.'s secondary syphilis was not cured by the gross Mercurial treatment at its first commencement, but only brought into a latent state by hydrargyriasis, as evidenced in general by Von Bärensprung's experience in such cases, but especially by the circumstance that, in spite of the inunctions and the starving treatment, the bubo healed with the characteristic cicatrix; and that, after two years, the sign of the beginning of the new infection-period, in this case general lues, was seen behind this cicatrix by inflammatory irritation and swelling, (just as, behind the cicatrix of the bite of a mad dog, the sign of hydrophobia is seen) in consequence of which, the thoroughly softened base of the existing primary chancre, at the end of its breaking, suddenly swelled and hardened afresh.

3. Mr. N., at the time of his second primary syphilis, had not thoroughly overcome the hydrargyriasis, which was shown by a course of the disease quite anomalous, as no other causes were conspiring.

Dr. L., of Berlin, who treated Mr. N. during his *first* infec-

tion period, was thus very wrong, when he, before Von Bärensprung (who was consulted in the *second*) laid the blame on "homœopathy."

*7. Chancre and Phimosis; then Cutaneous Syphilis; then Broad Condylomata at the Anus.*

Nov. 3. Mr. K. came under my treatment for chancre and phimosis. By December both were cured by the treatment (as above) although the patient had repeatedly, through neglect, gone several days without medicine.

Jan. 1858. There appeared on the forehead copper-coloured roundish spots which extended over the body, especially on the thighs, and scaled off like tetters. They passed off, after using *merc. sol.* and *acid. nitr.* very irregularly for several months.

June 1858. Broad condylomata on the anus. *Acid. nitr.* 6.

Sept. 5. Mr. K. came to seek my aid for a recent gonorrhœa. There was no trace of the condylomata, which, as the patient declared passed off, not long after my last prescription.

This is the only case that ever came to my knowledge to this day (May 25, 1860), in which there was no particular cause for the secondary syphilis following, besides the neglect of medicine.

*8. Chancre, during the Healing Broad Condylomata; afterwards Swelling of the Testicle.*

Mr. Z. was infected, Nov. 1857, and treated with pills by an allopathic practitioner.

Feb. 5, 1858. Patient, though otherwise healthy, had a chancre behind the crown of the glans, which, as yet, shewed no tendency to heal. *Acid. nitr.*; afterwards *merc.*, as usual.

March 15. Chancre nearly healed, but broad condylomata are appearing on the anus. *Acid. nitr.*

March 20. Chancre healed, but the condylomata are further developed.

July 1, 1858. Condylomata removed; also well in other respects.

Nov. 28, 1859. After patient had been quite well up to the 20th, he observed on this day a swelling of the left testicle, which was perceptibly larger than the other, and its lower half hard, without being exactly painful.

The chancre in this case was of three months' standing, and had probably been treated with large doses of *Hydrarg. iodat.* before patient came under my care; a sufficient reason why the subsequent homœopathic (homœiatic) treatment could not prevent the appearance of secondary symptoms.

### 9. *Chancre, Blennorrhœa, Phimosi, Condylomata.*

Mr. L., a young official, had been treated for chancre by an allopathic doctor at another place for several weeks.

Jan 5, 1859. Came under my treatment, having, besides chancre, blennorrhœa and phimosi, which only allowed the tip of the glans to be uncovered. *Acid. nitr.* 6, as usual; 4 doses, one each night and morning.

Jan. 25. This was the first time I saw patient after the prescription of Jan. 5. No amendment has commenced. *Acid. nitr.*

Mar. 15. By the regular use of *acid. nitr.* the blennorrhœa and chancre were cured, and the phimosi removed. But now condylomata are visible behind the glans. *Thuja.*

Mar. 23. No alteration. Same medicine.

I have never seen Mr. S. since; only I learnt from a homœopathic colleague (Dr. Knüppel, here) that he first had recourse to allopathic treatment, whereby the syccosis was removed by external applications, and then came to Dr. K., when the syccosis returned; and that, after it disappeared under his treatment, sores on the mouth commenced, which at the time of his communication (March, 1863) were still under his treatment.

In this case also four months passed under allopathic treatment, and partly in doing nothing, before the regular homœopathic (homœiatic) treatment could take place. So it commenced quite too late to have the power of hindering the appearance of the syccosis. Nay, it is still quite undecided whether the syccosis was not present at the commencement of the homœopathic treatment, as it was not till near the end of the latter that the phimosi allowed the place where the warts grew to come into view.

### 2. *Bubo.*

At the Charité Hospital, Berlin, the bubo had been the most disagreeable symptom, because there I had to dress it in the case of great monster specimens smelling abominably, some of

which were more than a year and a day old, twice every day; and so it continued to be in my subsequent independent practice of allopathy. Since I have been treating syphilis homœopathically, on the contrary, the bubo has caused me no distress; because, in the whole time, I never saw it developed to so disgusting a height, and I refrained from any surgical treatment whatever. Whether the bubo might come after chancre, or by itself, I used to give *merc. sol.* night and morning, as in the case of simple chancre. If the bubo did *not* disperse thereby before it came to suppuration (which, however, it often did), then the patient took, after fluctuation, *hep. sulph. calc.* 6 in globules, night and morning, till it either opened or disappeared; but *merc.* again, as soon it seemed not to progress favourably with the healing or dispersion; and it was the exception when I had occasion, under these circumstances, to call in the aid of *acid nitr.*

The only thing that was done externally during the complete development of the bubo was to fasten a piece of wadding on it with adhesive plaster; and after the opening of the bubo, to have it changed often enough to ensure cleanliness. Never have I, in that whole time, used any external remedy whatever; and never made use of any artificial dressing after the opening of the sore, and always left the opening itself to nature. Then there generally appeared, at the top of the bubo, a little roundish hole, through which the matter emptied itself gradually; and this hole, healing without difficulty soon after the emptying of the bubo, left a scar that was hardly visible. Only in rare instances did the spontaneous opening in the bubo increase to a longish ulcer with jagged edges, and then delayed the healing; which, however, followed nevertheless in a few weeks by the continued use of *merc.*, or by the employment of *acid. nitr.*, which now and then was regarded as necessary; but then it was not without the characteristic cicatrix.

### 3. *Phimosis and Paraphimosis.*

As for phimosis, which is not unfrequently an accompaniment of chancre, I have never bestowed particular attention to it in the homœopathic treatment of primary syphilis, and have, even in the worst cases, abstained from any attempt at

operation, merely injecting tepid water to cleanse the space between the prepuce and glans. What determined this disregard of phimosis was the axiom that guided me, viz.;—"The effects cease of themselves so soon as the cause is removed!"

And my experience shortly established the fact that, not only an operation so painful and disagreeable in its results to the patient is a superfluous act, as regards the contraction of the prepuce itself, but also, that it does not in the least contribute to the cure of the chancre.

Amongst others, in the year 1853, a young man came to me from under allopathic treatment for chancre and phimosis, where the latter had been operated upon by a lateral incision all in vain, for it had already thoroughly re-established itself, and the remains of the incision had turned into a chancre! Under my treatment, as the chancres healed in the ordinary way, the contraction of the prepuce disappeared *pari passu*, and shortly afterwards entirely, without further help. Again, nearly at the same time, another young man (Mr. J.) came under my care for chancres and phimosis, having taken no medicine previously. The prepuce was gradually contracted more and more to such a degree, that at last he could only with great difficulty introduce the tube of a small syringe into the opening, and passed urine with straining and difficulty. For all that I did not operate, but recommended patience, promising a speedy cessation of his sufferings. This was not long delayed either: as the chancres began to heal, the swelling and contraction of the prepuce rapidly diminished so far that the patient had no further trouble from that source.

But however as, after the cure of the chancres, the phimosis still remained to such an extent that only the extreme point of the glans could be made visible, I did not operate, but assured Mr. J., to his great delight, of the spontaneous removal of the phimosis; which, in the course of the next week, took place perfectly by the use of a few occasional doses of Sulph. 80.

As for paraphimosis, which supervened in connexion with chancre, I neither paid nor found reason to pay any more attention to it than to phimosis. The only thing I did for it was to undertake, as soon as possible, the replacement of the prepuce,



which then was constantly followed by the rapid disappearance of the swelling.

Once, in 1857, I saw an idiopathic paraphimosis—an erysipelatous inflammation of the retracted prepuce. The patient had a quarter of a year before had gonorrhœa, which was cured in a few weeks under my care, and since then had contracted no infection, nor could any external cause be assigned. In view of the most characteristic symptom I gave Bell. 6 dissolved in water, 1 teaspoonful every 3 hours. Very shortly cessation of his sufferings ensued, and diminution of the inflammation, so that, on the fifth day of treatment the prepuce, which had begun to scale off, could be replaced with ease.

### *b. Secondary Chancre-syphilis.*

#### *1. Condylomata.*

To this day I have never yet been able to convince myself that the broad and pointed condylomata (*Feucht und Feigwarzen*) are essentially different symptoms, though I have seen that, as a rule, the pointed condylomata (sycosis or vegetations) follow gonorrhœa, and the broad condylomata on the contrary follow chancre. For the great similarity of the two symptoms speaks too strongly for the identity of their causes, which reminds us of J. Hunter's persuasion of the identity of the virus in gonorrhœa and chancre. And so far I am, at any rate, sure that sycosis is *not*, as people are now generally inclined to consider, purely a local morbid growth, whilst broad condylomata are only symptoms of the disease; for I have seen one as well as the other permanently brought to an end by the use of homœiatrie medicines, without any local treatment.

One of the first patients who came to me with condylomata, had the inner surface of the prepuce and the glans itself so covered with them that one could hardly get to see any part of either! Cutting, ligatures, and caustic had been tried to no purpose, under a long course of allopathic treatment. The condylomata had subsequently every time only shot up again so much the more luxuriantly, and I myself for several weeks employed the strong tincture of Thuja without effect. Afterwards I administered the homœiatrie medicines internally only, and

after two months had the pleasure of seeing the condylomata decrease at once, and in a few weeks disappear without a trace; the consequence of which was, that I determined to confine myself to the internal use of homœiatrie medicines even for condylomata. This I have till now always done, and thereby have always attained my end, if the patient did not fail in perseverance, which as yet has happened only in one case above related. It is true that patience, quiet, and steadfastness on the part of the patient, and physician, are requisite to this cure of condylomata. But, if the latter has, like myself, attained a conviction that he gains his point surely and radically thereby, and if he considers that the syphilitic process of disease does not admit of being cut short (see above), and that even syphilization requires 3—7 months for the cure of constitutional syphilis, he gains a confidence which he easily imparts to his patient, who is so much the more inclined to have patience, as the previous futile attempts at allopathic cure were troublesome and painful to him, whilst the homœiatrie treatment causes him no inconvenience.

Thus, it may have come to pass that, in the whole time to which my observations refer, not one (except the above-named patient) who was suffering from condylomata left me uncured, although the disease lasted seldom less than three months, often longer; and in one case even beyond a year and a day. The female patient, in whose case this happened, came in 1857 with broad condylomata on the anus and on the great labia after she had been treated allopathically for a year and a-half, by one of my cleverest colleagues here, to no purpose.

I used to begin the treatment of these condylomata lata, as a general rule; with *acid. nitr.* 6 in globules, a dose night and morning; and that of condylomata acuminata with *thuja* 6, in the same way. In the course of three or four weeks I followed up *thuja* with *acid. nitr.*, and *acid. nitr.* with *thuja*, and in three or four weeks more I returned to the former medicine; and went on thus till manifest amendment appeared. Then I kept giving one dose per day of the last medicine, till the condylomata disappeared entirely. It seldom appeared necessary to interpose *merc.* or *sulph.*

2. *Exanthemata.*

Cutaneous syphilis also came before me; all, excepting the single case reported above (No. 7) only as sequelæ of primary syphilis, allopathically treated; and that, generally, in the form of copper-red, somewhat elevated, scaly, roundish spots.

Once only I saw a case of lupus (over the left eye), in the beginning of the year 1847, three years after allopathic treatment of primary syphilis. All my pains were shipwrecked upon the obstinacy of this malady; then also supervened, a long time after (to my horror at the time) a serious angina ulcerosa and affection of the nose, which however were happily subdued; and at last my patient went into the hospital here, and was there relieved of the lupus, but by no means cured, by Decoct. Zitmanni. The first thing that followed after apparent good health for some time, though he had a well-formed chest, was repeated dangerous hæmoptysis, and, in about three years, a disease of the eyes commenced, with *dolores osteocopi* of the head, which, in spite of consulting the best oculists, and the moderate use of *iodide of potash*, ending in paralysis of the upper lid, first made the poor fellow's right eye blind, and is now threatening the left.

The squamous cutaneous syphilis which came under my notice, yielded to the continued use of *acid. nitr.* and *merc. sol.* given alternately, as in the case of condylomata; for only two female patients, who left Magdeburg a short time after commencing my treatment, remained uncured.

3. *Angina and Exudative Excoriations, and Angina Ulcerosa.*

Syphilitic roseola in the throat, with plaques on the mucous membranes of the mouth after allopathic treatment, were the form of secondary syphilis that was most frequently the subject of my treatment; and, in fact, the roseola not merely as a beginning, but often also as a remainder of secondary syphilis, and a painful memento of youthful indiscretions in persons of advanced age. In the latter cases the angina is apt to be remittent from

time to time, but, after errors in diet or taking cold, always to return; and to go on in this way with great obstinacy. Hence it has sometimes happened to me that a patient of this class, considering himself cured during the remission, left off treatment; but, after a shorter or longer period, came back undeceived, in order to re-commence afresh. I have found angina syphilitica at the commencement far less obstinate; yet, even for the removal of this, several months were required.

Once only, in 1859, I saw it turn, during treatment, into angina ulcerosa. Suddenly there came on the left tonsil, a deep-seated lardaceous ulcer, which extended behind the uvula upwards and backwards all round, and endangered the uvula itself. My anxiety about it, however, did not last long: the ulcer on the amygdala soon began to get flatter, and to lose its characteristic appearance; and this favourable change extended pretty soon to all the rest of the sore. In the course of two months this angina ulcerosa was removed, and nothing remained but a sensation of dryness on the spot where the ulcer first commenced and was deepest, which still for some time annoyed the patient. He has now left me quite well and enjoying life, though he began the treatment in doubt, after having been infected accidentally by a scalpel, which was used to remove a natural phimosis; and after going through two severe Mercurial and two severe Iodine courses alternately, and having twice tried a course of Decoct. Zitmanni, to the great detriment of his pocket! Just in the same way I have seen all other cases of angina ulcerosa that came under my treatment pass off favourably. And in every case, except the one with lupus already mentioned, the syphilis was cured along with the angina.

As regards the treatment of angina ulcerosa, the homœiatrio medicines that were indicated were, as in the cases of syphilitic exanthemata, *acid. nitr.* and *merc.* employed in the way already described. It was only in the first case, complicated with lupus, that the ulceration spread so rapidly that I, being then inexperienced in the homœiatrio treatment of this malady, adopted Rummel's advice, and, like him, had recourse to *kal. iodatum* in large doses till amendment took place.

*c. Gonorrhœal Syphilis.**1. Gonorrhœa of the Glans.*

This form of the disease, like that of the urethra, came before me oftenest alone, but often also combined with chancre; a circumstance which furnished me with evidence that there is no more essential difference between primary chancre syphilis and syphilis with gonorrhœa than between catarrh and rheumatism, which both arise from taking cold, since I could neither consider gonorrhœa and chancre as local maladies, nor admit the simultaneous existence of two similar morbid processes (poison-formations) in the same organism. Yet, *merc.* and *acid. nitr.* also produce in healthy subjects chancre and gonorrhœa, of glans and urethra, according to the constitution of the prover.

The treatment of gonorrhœa of the glans has never given me much concern, any more than that of chancre. If it occurred in connexion with chancre, then no attention was paid to it beyond the enforcement of cleanliness; if it was alone, it regularly disappeared with the use of *merc. sol.* 6 (a dose night and morning) in two to four weeks; and only exceptionally was *acid. nitr.* deemed necessary.

*2. Urethral Gonorrhœa.*

Though I have learnt to proceed confidently to the treatment of chancre and gonorrhœa of the glans, I always come with *un-*certainty to that of urethral gonorrhœa. It is true I saw many cases pass off in a few weeks by the use of *cannabis*; but then the cases were always so mild that, as in certain small ulcers on the sexual organs, their syphilitic nature is still more than doubtful. Whenever it came to violent inflammatory pains, with very frequent urination and nocturnal erections, it has never been my good fortune to this day to bring about the recovery in two or three weeks. In those cases four to six weeks used to elapse, and many required still more time. It was the secondary gonorrhœa that proved most obstinate, even when no allopathic treatment of the primary gonorrhœa had preceded; and it only occurred quite as the exception that a patient lost patience and went over to allopathic treatment; and of these

few some even came back again to me after an ineffectual attempt to get cured. The medicines which I made use of, besides *cannabis*, were, for gonorrhœa, *merc.* or *acid. nitr.*; for bloody discharge, chordee, and strangury, *canthar.*; for secondary gonorrhœa, *acid. nitr.*, *thuja*, *sulph.*, *sep.*, and *phos.* In secondary gonorrhœa *acid. nitr.* always seemed to me to do most good, especially when the orifice of the urethra was swollen with redness. Latterly I have also tried to treat gonorrhœa itself with *acid. nitr.*, but have not arrived at any sure result. Thus much seems to me certain, that we have not yet found the right medicine for urethral gonorrhœa, or at least the right mode of employing it.

### 3. *Swelling of the Testicle.*

This has not unfrequently been a subject of my treatment, and has always entirely passed off tolerably soon. Only once I had to do for some months with a severe swelling of the testicle, which, however, was not combined with any gonorrhœa. Externally nothing was done besides putting on a well-fitting suspensor, lined with wadding. *Puls.* and *acid. nitr.* were the medicines by the internal use of which I usually soon saw the suppressed gonorrhœa make its appearance again, whilst the swelling proportionably decreased and then soon disappeared.

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## CLINICAL OBSERVATIONS IN REFERENCE TO THE ACTION OF THE WHITE MISTLETOE (*VISCUM ALBUM*).

By the late Dr. WILLIAM HUBER,  
Physician to the Homœopathic Hospital of Steyer.\*

### 1. *Retention of the Placenta.*

JOSEPHA M., unmarried, domestic servant, aged 38, of sanguine temperament, pale, and of delicate, thin make, had been since her youth, with the exception of a slight fever, always healthy; and until she became pregnant had always menstruated regu-

\* From the *Zeitschrift des Vereins der hom. Aerzte Oesterreichs*. Bd. II. p. 3.

larly. Ten weeks ago she was delivered of a six months' old foetus, but the placenta never came away, and is still in her. After the confinement she felt very weak, had frequent contractive pains in the hypogastrium, fetid diarrhoea, and bad-smelling leucorrhoea. The diarrhoea went off afterwards, but the fetid leucorrhoea acquired a brick-red colour, and came away in larger or smaller quantities with pains. Rigors frequently occurred, followed by profuse debilitating sweats, which compelled her to seek advice.

On the 7th March the morbid picture was as follows: head free, in the vertex a sensation as if the scalp were numb, with occasional prickling in the scalp; tongue clean, some thirst, little appetite, no nausea, taste good; for many days past no stool, urine normal. Weight, fulness, and contractive pain in the hypogastric region, recurring several times during the day, and causing an increase of the sanguinolent discharge. On examination by pressing on the abdomen, it was found to be painful and a longish hard body could be felt corresponding to the enlarged uterus. Lungs healthy, bicuspid valve insufficient. Tearing pains in the left shoulder, alternating with similar ones in the left ankle-joint and left tibia. Sleep unquiet on account of the general weakness and the profuse sweats.

*Prescription: Nux vom.* 3 every three hours. Not the slightest change occurred the next two days.

On the 10th of March, *Viscum* 3, every three hours. Scarcely had she taken the second spoonful when she was attacked by a violent rigor, with excitement of the circulation, red bloated face; faint feeling on attempting to rise up, which lasted three hours, with extremely violent cutting, shooting pain in the abdomen, proceeding from the sacrum, and like labour pains, pressing down in the uterus. After this state had lasted three hours, the placenta was expelled along with some blood from the pudenda. The discharge continued moderately for a few days, when complete restoration to health occurred.

## 2. *Catarrhal Deafness.*

John K., aged 22, robust, blond, had formerly suffered much from ague, which was cured by Quinine.

On the 2nd December, 1856, he got a chill while travelling in a very sharp, ice-cold wind, and he first got drawing tearing in the left lower maxilla and teeth, which lasted some hours and then went into the left ear. After some hours it ceased and then occurred a loud buzzing and a stopped up feeling in the ear, which went on to complete deafness of that ear.

On the 13th December he got *Viscum* 3, every three hours.

On the 14th the buzzing was less; on the 15th it was quite gone. On the 16th the hearing returned, and the patient was only occasionally troubled with the stopped up feeling. On the 17th December this too was gone, and the patient now enjoys perfect hearing.

### 3. *Metrorrhagia.*

Elizabeth Sch., 50 years old, a childless widow, of sanguine temperament, thin, has regularly menstruated since she was 14. In consequence of a cold foot bath, the catamenia were entirely suppressed. Soon afterwards she had an attack of pneumonia, from which she recovered: but the catamenia only appeared two years afterwards, were pretty copious and regular. Five years ago a varicose ulcer came on her leg, whereupon the catamenia again ceased. Four days ago she was attacked with violent metrorrhagia, which still continues, and weakened her so much that she was forced to have recourse to medical advice.

On the 26th April, 1857, the following was the morbid picture: dull headache with stitches in the temples; pale face with blue rings round the deep-lying eyes; little appetite; sore throat; taste good, stool and urine normal: insufficiency of the bicuspid valve; frequent palpitation. The skin was pale and cool, especially on the extremities, which frequently went asleep. The hæmorrhage was unaccompanied by pain, the blood partly bright red, partly in dark clots. Great weakness, every movement makes her feel faint.

*Prescription*: *Sabina* 6, every three hours. No effect after four days' use of the remedy.

On the 30th April, *Viscum alb.* 3, every three hours. The effect was so surprisingly favourable that by the 1st May only



a little watery blood was discharged, and on the 2nd the hæmorrhage had completely ceased.

On the 5th there again appeared a little hæmorrhage, but by the following day it was quite gone. *Viscum* was now left off. With appropriate diet the patient recovered speedily, and remained ever after free from her complaint.

#### 4. *Metrorrhagia.*

Elizabeth E., 36 years old, unmarried, with black hair and delicate constitution, was as a child, with the exception of worms, very healthy; she menstruated at 11 years and was always regular. Later in life she had typhus and traumatic hæmoptysis. Two years ago, in consequence of some laborious work in the water, the menstruation became irregular, and has only appeared twice since; but each time with violent contractive, labour-like pains, from the sacrum to the hypogastrium. Four weeks since the discharge of blood from the vagina with the above pains recurred, and increased to such a degree that the patient became quite weakened by it. The blood flowed away continually, at one time in a stream, at another in clots, and was of a blackish colour. At the same time she had frequently flow of blood to the head, with heat and redness of face, great vertigo and shooting headache (from the temples into the brain), and frequent attacks of faintness. The pains that came on from time to time proceeded from the sacrum and extended into the pelvis: they were worst in bed; at the same time she had shooting, tearing pains, from above downwards, in both thighs and in the upper extremities, when at rest as well as when lying down, with sleepiness and general prostration. In this state she came under my treatment, and on the 29th April, 1857, the following was the morbid picture:

Paleness of face, with blue rings round the eyes; shooting, tearing, frequently recurring, pains in the temples; tongue clean, appetite normal, no thirst, taste good. In the abdomen, contractive, sometimes burning, pains from the sacrum into the pelvis and bearing down. These pains extended to both hips and thighs where they were shooting and tearing. From the temples also the shooting, tearing pains spread over the

shoulders through the arms. Great discharge of dark, clotted blood. Urine and stool normal. Weakness, nearly amounting to faintness.

*Prescription* : *Viscum alb.* 3, every three hours. From the 29th to the 30th April, sound sleep ; the discharge as before.

30th. The pains considerably lessened, discharge less.

1st May. After a good night the pains in the abdomen and limbs recurred, but slighter than before. The discharge somewhat increased. The bodily weakness still great.

2nd. Pains quite gone ; the discharge has become watery ; the patient still feels very weak.

3rd. Good sleep and general perspiration, lasting all night ; the watery discharge less.

On the 4th and 5th May, the patient remained free from pain ; the watery discharge quite unimportant ; she feels stronger.

6th. The patient is so well and strong that she can sit up.

7th. Not a trace of blood to be seen, though the tearing pains in temples, arms and legs, still occasionally recurred, though not severely.

8th. The pain completely gone, the strength increased. The hæmorrhage quite gone.

### 5. *Sciatica.*

Joseph L., aged 45, shoemaker, dark haired, with dark brown eyes, of robust build, healthy from his childhood. When grown up he suffered on several occasions from tearing pains in his joints, which however always went off again. On the 1st of September, without ascertainable cause, he was attacked with violent shooting pains in the nape, so that he could not turn his head, but when he wished to do so he must turn his whole body. This only lasted one day, when the complaint jumped to the left side of the sacrum, whence it spread over the buttock and the outside of the thigh, so that he could only limp about with frightful tearing, shooting, throbbing pains. He wished to drive to the hospital, but could not stand the motion. On the 11th December, 1858, he was admitted into the Homœopathic Hospital of the Sisters of Charity of St. Anna in Steyer, and then presented the following symptoms :

Mind and remainder of the body of the patient quite healthy, all the functions normal, only on the left sacro-ischiadic region he complains of extremely violent pains, even on the slightest motion of the thigh ; the pain extends thence along the outside of the left thigh in a stripe, four fingers broad, to the knee-joint, and is often throbbing as if suppuration were taking place. When lying quiet it is tolerable. Sleep disturbed owing to the pains.

*Prescription : Viscum alb.* 3, every three hours. The next two days the condition was the same. On the third day after his admission, after a general perspiration, the pain was considerably relieved, and from that time it decreased daily, so that after six days he was quite cured and could resume his work.

#### 6. *Sciatica.*

Joseph D., aged 50, single, domestic servant, of robust muscular constitution, always healthy from his childhood. In March, 1857, he got a chill in a cold wind, and was seized with pain in the right hip, of a tearing, shooting character, coming on periodically and especially severe at night, extending from the muscles of the nates over the whole anterior surface of the thigh to the knee. Under *Rhus* and *Nux vomica* 3, he was relieved of his pains in nine days and resumed his occupation. On the 28th April, after another chill in cold weather, the pain recurred and became so violent that he was forced to seek medical advice.

On the 1st of May his symptoms were : sleeplessness ; tearing pain in the left temporal region ; appetite bad, owing to the pain ; his bodily functions in good order. In the right thigh a periodically recurring, extremely violent tearing, burning pain, in the same place as before, but which now spread over the whole leg down to both ankles. It was especially violent at night, it felt as if the flesh of the thigh was frequently torn away with hot pincers ; at the same time giddy confusion of the head ; and when the burning pain was worst, weakness amounting to faintness. Besides these attacks the patient had a tearing and shooting in the right extremity, and such sensitiveness that the slightest touch caused pain. At the same

time he is exhausted ; the skin dry ; urine watery, especially after the severe attacks. All else normal.

*Prescription* : on the 1st May, *Arsenic* 4. At night some perspiration, otherwise no change.

2nd May. The burning pains and the feeling of tearing with red hot pincers, all gone as if by magic, but not the shooting, tearing, periodically recurring pains.

To the 5th May the same medicine. The burning pains did not return, but the tearing pains continued unmitigated ; at the same time he complained of painfulness of the whole of the muscles as if he had been beaten.

6th May, *Viscum alb.* 6. That night refreshing sleep and perspiration. The shooting, tearing pains in the thigh relieved, there now only remains slight traces of them, they are worst at the ankles.

By the 11th May every trace of pain was gone, and the patient was perfectly well.

#### 7. *Rheumatism.*

Mathew R., aged 54, miller, of bloated appearance, had been always well since his youth, with the exception of rheumatic affections. Six weeks ago they again returned in the right leg without assignable cause. He had first painful tearing in the muscles of the calf and in the ankle-joint ; then it went into the patella and the knee-joint, so that he could with difficulty walk. Notwithstanding, he went about his occupation, and his malady was in consequence so much aggravated that he was forced to seek medical aid.

On the 10th November, 1857, his symptoms were ; the face swollen as if leucophlegmatic. The right knee swollen around the patella, with a doughy feeling and painful to pressure, with external redness. Frequently recurring tearing in the muscles of the calf, extending into the right knee-joint, by day as well as by night ; tension in the patella as if the tendons around it were contracted. The pains come on periodically when at rest as well as when moving. Temperature of the knee somewhat elevated. No fever ; otherwise everything normal.

*Prescription* : *Viscum alb.* 3, every three hours. On the

second day, after profuse perspiration, the tearing in the calf ceased. On the fourth day the swelling and pain in the right knee went, all except a slight tension in the joint, which was quite gone on the sixth day.

### 8. *Rheumatism.*

Joseph H., 34 years old, unmarried, gamekeeper, had been always well in his youth, of sanguine temperament and robust frame; afterwards he suffered frequently from rheumatism. On the 28th February, 1857, he had to travel, very ill shod, and wade through great tracts of snow, whereby his feet got quite wet. He was shortly afterwards attacked with slight rigor, which did not last long; but there soon occurred tearing pains in the left ankle, which spread over the tibia into the left knee, and were very severe on moving. The pains then extended to the right shoulder, and they frequently alternated in these parts. He continued his journey with difficulty, but was at length obliged to stop. He was taken into the Homœopathic Hospital of Steyer on the 5th March, and then presented the following symptoms:

Head normal, sleep disturbed, tongue clean, appetite and thirst moderate, stool normal, urine somewhat red; the left ankle and knee-joints moderately swelled, painful to pressure; the foot excessively painful, with tearing, shooting pains on movement, also the left knee-joint, so that the tendons in the left knee were drawn together, preventing him stretching out the leg. The pains were aggravated in the evening and night, and often alternated with those in the shoulder and elbow, so that he could not sleep. Skin moderately moist, pulse normal.

*Prescription:* *Aconite* 3, every three hours. The next day and the day after no change.

On the 8th March, *Viscum alb.* 3, every three hours. No change, only he perspired much during the night.

On the 9th March his condition was much improved; no more pains in the shoulder and elbow. The swelling of the knee and ankle gone, pains only moderate in them.

10th March. A quiet night and no more pain anywhere. Dismissed.

### 9. *Rheumatism.*

Francis Sch., aged 36, smith, of weak and thin body, had been always well since his youth, and in 1855 got over an attack of cholera without damage. Some weeks ago his appetite fell off; he had frequent vertigo, with noise in the ears, and was often very weak; but yet he worked on at his hot occupation for four weeks. At length he contracted a cold, with rigor, followed by heat, great thirst, vertigo, headache, and great weariness, so that he had to lie down. To this succeeded tearing pains in the right knee-joint, with swelling of the joint; and afterwards similar pains in both upper extremities, particularly in the fingers and elbows, with swelling and stiffness, which soon spread to the shoulder-joint and often leapt from one limb to the other. He cannot eat nor move. He has tried many remedies without benefit. After 10 or 12 days the fever went off, but not the pains and swelling.

On the 9th November the following was his state: paleness of face; frequent vertigo, with noise in ears; transient tearing now in the left, now in the right temple; he hears ill with the left ear; tongue white-furred; little thirst. No more fever.

*Prescription: Viscum tr.* On the 14th he could be dismissed cured.

### 10. *Periostitis.*

Rudolph W., aged 36, of sanguine temperament, slim figure, blond, had been from youth always well, and had never had syphilis. When travelling a fortnight since, he thinks he got a chill and he had pain in the middle of the right metatarsal bones. Some days afterwards the same pain came in the middle of the right tibia, without the first pain becoming abated. He could with difficulty walk, but he still continued his journey. The malady increased daily, so that at length he had to seek advice. On the 5th November, 1857, he presented the following symptoms:

All the functions of the body healthy; no fever. The right tibia very much swelled in the middle of the bone where it is only covered with skin; the swelling extended into the upper and lower thirds of the bone; was hard and painful when

pressed, without redness of the skin ; there is also pain when not touched, especially at night, of a digging, gnawing, distracting character that deprives him of sleep. There was a similar swelling on the dorsum of the right foot, where a metatarsal bone was considerably enlarged, with pain exactly like that in the tibia. Temperature not elevated ; no sleep on account of the great pain.

*Prescription* : on the 5th November, 1857, *Viscum album* 3 every three hours, and the parts to be enveloped in cotton wadding. The fourth day the pain was quite gone, and the swelling on both parts much abated. For the first time he slept all night.

On the seventh day not a trace of swelling or pain. Quite well.

### 11. *Hydrothorax*.

Francis R., aged 43, a native of Gratz, stonemason, of robust constitution, always well in his youth, it was only when he commenced his present trade that he began to suffer from catarrhs, and in 1833 and 1835 he had the Hungarian ague, which was treated with Quinine in large and small doses. Since that time he has always felt a sensation of fulness and occasional shooting in the spleen, and he has had frequent bleeding from the gums. On the 22nd September, 1857, he went to Maria Zell, and during the journey he was frequently wet through by rain, and he believed he got a chill by the coldness of the hills. He was frequently attacked with rigor and shooting in the left false ribs with dry cough ; at the same time he felt exhausted so that he could no longer work. The shooting after this was concentrated in the splenic region and became daily worse ; the cough became somewhat looser, and the mucus had a greenish appearance. The pain more violent when coughing, conjoined with which was dyspnoea ; he could not lie on the right side as the dyspnoea was thereby increased, and he thought he must be suffocated. On the 30th May, 1857, he came under treatment for the following symptoms :

Head confused, tearing pains in the left temporal region, that extend over the forehead and hairy scalp ; it often felt as if the

whole vault of the skull would be raised up, the pains in the temples came on periodically, worse in the evening and at night. The tongue clean, appetite middling, thirst none; shooting pains in the spleen, worse on pressure and coughing; the spleen larger than normal; the pains often extend to the heart; stool and urine right; violent cough, sometimes dry, sometimes with greenish mucus, but not in considerable quantity; breathing only affected when coughing; feeling of suffocation when lying on the left side. Auscultation and percussion shewed exudation on the right thoracic cavity; heart healthy. On the right leg, which he had once injured, he has had since the commencement of this illness tearing pains, which go from the ankle-joint up the tibia as far as the patella, and are of periodical recurrence. Temperature of skin normal, pulse somewhat tense but not febrile. The cough comes regularly at 4 p.m., and lasts with aggravation of the pains in the spleen all night, at the same time he perspires so profusely that he must change his night shirt twice every night; towards morning he has sometimes a rigor. Great anxiety and sleeplessness.

*Prescription: Viscum. alb. 4*, every three hours. From the 1st to the 3rd of October little change; it only seemed to him that he slept more, and perspired less. From the 3rd to the 4th he experienced at night a frightful stab, as with a lancet, through the whole right thoracic cavity, whereupon he fell asleep quietly. On the morning of the fourth day the shooting in the spleen was gone. Pressure on the splenic region caused no pain, nor did coughing; the cough was looser, and with more mucous expectoration.

On the 5th a quiet night, without perspiration; he can now lie for a short time on the left side; the exudation is perceptibly diminished; the tearing pains in the temples and right leg gone. The patient only feels somewhat weak, and has a loose cough.

On the 6th and 7th the same state; no more dyspnoea, still some cough.

On the 8th no trace of the exudation was perceptible; throughout the chest the percussion sound is good, and the respiratory sound pure vesicular; only a little mucous expec-



toration and langour ; the appetite, bowels, and motions normal. On the 9th dismissed cured.

## 12. *Rheumatism.*

Charles K., 20 years old, unmarried, turner, of sanguine temperament, with brown hair, and slimly made ; with the exception of typhus, which he had 4 years ago, he had been always well from infancy.

A fortnight ago, without assignable cause, he lost his appetite, became weak, and could not work at his business. The weakness increased daily, and conjoined with it was a full feeling in the splenic region, and a pressure as if everything would be forced out there, with unusually hard stool. The malady soon increased, and then came besides sleeplessness and violent pains in the left side of the abdomen, which compelled him to seek medical advice.

On the 28rd of September the following were the symptoms : head confused ; frequent rushing in the right ear, tearing pains in the right temporal region, continuing day and night, and only sometimes leaving off for half an hour at a time, in order to go thence into the sole of the right foot, and then into the right knee-joint. The upper and lower gums of the incisors, which often bleed, are painful, as if raw, and they feel as if coming away from the teeth (though that is not the case) with great sensitiveness of these teeth. The tongue with a thin white fur ; taste bitter, no appetite, no thirst, costive bowels, urine normal. Sometimes a dry cough ; auscultation and percussion normal, nothing abnormal in the lungs ; in the heart there is insufficiency of the bicuspid valve. In left hypochondrium feeling of distension, with rolling, as from wind, and violent shooting pains, which go from the spleen into the cardiac region, frequently interrupts the breathing, and are especially aggravated by coughing and drawing a deep breath. He cannot bear pressure in the splenic region. Percussion shews an increase of the size of the spleen. The other abdominal regions are normal ; pulse soft, not quickened (not febrile) though he has sometimes a rigor through the back.

Functions of the skin normal, its temperature not increased. Anxiety of mind and sleeplessness on account of the constant pain.

*Prescription* : *Viscum alb.* 3, every three hours.

On the 24th of September the shooting pains in the spleen appear to him slightly better, still, like the temporal pains, they continue. From the 24th to the 25th there occurred the first time for a long period tranquil sleep after a copious motion; the sleep lasted all night, and was accompanied by constant perspiration. At 8 A.M. the shooting pains in the splenic and cardiac regions were quite gone, the spleen was still only sensitive. The tearing in the temples and sole is considerably less, and occurs less frequently for a quarter of an hour. Same medicine.

26th. Night quite quiet, no sweat, the full feeling, pressure, and shooting in the spleen quite gone, no more oppression of the breathing. The tearing pains in the right temple are still felt occasionally for a very short time; they are quite gone on the sole and knee. He has some appetite, but it is not indulged.

27th. Night good; he only awoke once with the tearing pain in the temple for a very short time. No more trace of discomfort in the left hypochondrium; the spleen reduced to its normal size; he complains of hunger, which is to-day satisfied with food. He had a soft slimy motion. Same medicine.

28th. Night good. In the morning the patient complained of pricking palpitation of the heart, which does not affect the breathing; he attaches no importance to it, as he has often had it before. The tearing in the temples occurs very rarely, and is quite transient. He says he is much stronger, and he wishes to get up, which he is allowed to do. No medicine.

29th. Jerking palpitation of the heart gone, together with all the other symptoms, and on the 30th the patient is dismissed.

### 18. *Vertigo with Transient Deafness.*

John F., aged 48, domestic servant, of slim, active frame, blond hair, always healthy from his youth. It was only after he became a servant that he had a severe fever. His present

disease occurred in consequence of taking cold from being in a draughty room when travelling. It commenced with erysipelatous swelling of the face and nape, so that he could not turn his head. He went into the Hospital of the Brothers of Charity of L—, and was then said to be cured; but the disease returned on the third day under another form. He was seized with violent headache in the forehead, which lasted day and night, with deafness, which forced him to seek medical aid. On the 5th of October 1857, the following symptoms were observed:—

Tearing, shooting (sometimes throbbing) pains in the left side of the forehead and left temple, which often extended to the left ear; the whole head was stupified with constant vertigo even when in bed. In both ears, but especially in the left, a constant noise like a water-mill. The right ear slightly, the left completely deaf. Tongue with a whitish fur, moderate thirst, good appetite, motions hard, urine normal; frequent dry cough with little expectoration of greenish mucus. Auscultation and percussion showed nothing abnormal in the organs of the chest, excepting the catarrh. The cough, especially at night, was accompanied by great oppression of the chest. Temperature of the skin slightly elevated. Skin disposed to perspire. Pulse not febrile, sleep disturbed; often sleepless in consequence of the headache and vertigo.

October 5. *Prescription: Viscum alb.* 8, every three hours. From the 5th to the 8th no alteration.

On the 8th, in the morning, the deafness and noise in the ears were permanently removed; but instead there occurred a slight discharge of whitish fetid matter from the left ear. The vertigo was less, but still present, especially when he looked up, and fixed his eyes on an object. Up to the 10th no change. On the morning of the 10th the pains in the head were quite gone, and quiet sleep occurred from that day; the vertigo was still present in a minor degree.

12th. He passed a fetid slimy fecal mass, whereupon the vertigo was so much relieved that he could sit up in bed.

14th. The oppression of chest gone, but the cough remained with somewhat greater expectoration.

15th. Every trace of the vertigo and stupefaction of head gone. The cough that remained yielded to *belladonna*.

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## REVIEW.

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*On the Cure, Arrest, and Isolation of Small-Pox by a new method: and on the Local Treatment of Erysipelas, and all Internal Inflammations, with a Special Chapter on Cellulitis, and a Postscript on Medical Freedom.* By GARTH WILKINSON, M.D. Leath and Ross.

THIS is a lengthy title, and one which promises much. With the performance of the promise we have no reason to be dissatisfied. But we think Dr. Wilkinson somewhat too hasty in his sanguine anticipations of the benefit of the pieces of practice he advocates. And we do not see the precise object of his publishing such crude assortments of facts in a separate form. If it be that the general public may treat Small-Pox, Erysipelas, and "all internal inflammations" for themselves, we have no commendation to bestow on a publication having such an aim. The patients themselves would be the greatest sufferers from the attempt. We think that all such scattered facts should be first recorded in a medical periodical; and that publication in a separate form should be deferred until the treatment of the subject can be made sufficiently systematic and thorough to render the volume which contains it a companion of permanent value to the practitioner.

In estimating the worth of Dr. Wilkinson's pamphlet as a contribution to homœopathic literature, we must weigh separately its facts and its doctrines.

Its facts are as follows:—

1st. Dr. Wilkinson considers that the local use, combined or not with the internal administration, of the *Veratrum viride*, exercises a most powerful influence over all inflammations, whether of the surface, as erysipelas, or of internal organs. The cases he adduces appear fairly to bear out his views. We cite a couple:—

"A girl came to me with a raised erysipelatous swelling on the

forehead, exquisitely painful, and rapidly extending. I painted it over with a camel's hair brush, with the concentrated tincture of *Veratrum viride*. She returned next morning, and reported the almost instantaneous subsidence and disappearance of the complaint, which never returned."

"March 21st, 1864. W. M., Esq., has diarrhoea, with great swelling and tenderness in the right ileum; there is also spasmodic pain, and he cannot stand upright, but is drawn together to relax and favour the right side. The pulse is quick and wiry. *Podophyllum* and *Veratrum viride* in alternation. *Veratrum viride* constantly to the part, and in a hip-bath at night.

"March 22nd. He is relieved. He says he felt quite differently immediately after coming out of the bath. Continue all the means.

"March 23rd. Improving fast. A space as large as a hen's egg is still hard, and painful on pressure. The diarrhoea has gone. To have *Bryonia* and *Mercurius*, *Veratrum viride* lotion and bath.

"March 25th. The recent attack is cancelled."

Dr. Peters, of America, long ago told us of the immense value of applying Aconite locally in cases of inflammation within the abdomen. *Veratrum viride* appears to act similarly to Aconite on the vascular system, and to bear the same relation with it to inflammation, while it has the advantage of not affecting the cutaneous surface. Hence we may fairly add it to our armoury against inflammatory affections. We should not, however, be disposed to substitute it for Aconite in internal administration. Our old Aconite has virtues here before which all that the new *Gelseminum* and *Veratrum* can do is faint and feeble.

2nd. Dr. Wilkinson finds that *Hydrastis*, locally applied, gives rapid relief to the itching of small-pox. We are quite unable to credit the drug with any of the more important powers ascribed to it in the treatment of this disease. Dr. Wilkinson thinks it a specific antidote; capable of arresting the disease at its outset, of extinguishing the infection by its local application, and of securing immunity to the healthy by its prophylactic use. Dr. Wilkinson must adduce ten times the number of cases contained in his pamphlet, before he can make such doctrines be received as even probable. And he must rectify

in his future narratives one important omission, which vitiates even the few cases here recorded. We are not told whether the variolous patients had been vaccinated or not. Now, in nine-tenths of cases of small-pox in previously-vaccinated persons, the disease, however severe at its outset, undergoes a rapid diminution at about the fifth day of the eruption, and departs without scabbing of the pustules or secondary fever. Unless this fact be borne in mind, we are nowhere so liable to be misled in estimating the effect of our medicines. The recent collapse of the anti-variolous reputation of the much-vaunted *sarracenia* should be a warning to discoverers of fancied specifics for small-pox.

We have always ourselves succeeded in rapidly removing the itching accompanying small-pox and (more rarely) chicken-pox by the internal administration of Apis. This remedy is probably farther useful in diminishing the swelling of the face which obtains: meeting these symptoms by Apis, relieving primary fever by Aconite, and steadily administering Tartar emetic—at present the best similitum to the disease—throughout we have a treatment of small-pox which fairly satisfies us. It does not, indeed, cut short the progress of the malady, but it frequently abolishes the secondary fever, and leaves very little pitting behind. If Dr. Wilkinson can prove that his empirically-selected Hydrastis and Veratrum do more, we will consider the propriety of a change. But he must adduce more evidence than here appears.

3. Dr. Wilkinson brings forward several cases to shew that a lotion (strength not stated) of Acetum Cantharidis will rapidly abolish the eruption of “shingles,” with its accompanying pain and stinging. We have always hitherto been well-pleased with the action of Rhus upon this disorder. But the relief afforded by the local use of Cantharis appears to be more immediate; and the perfect homœopathicity of the drug to the eruption is a strong recommendation of its use.

4. An interesting case of cellulitis occurring in various parts of the body through several years, is recorded by Dr. Wilkinson, in which the malady appears to have been cured at last by the *Collinsonia Canadensis*. The drug was given for hæmorrh-

hoidal sufferings, over which it exerts much power; and the subsidence of the general malady under its use was as unexpected as it was gratifying. It may somewhat lessen our confidence in the permanency of this cure to read the account of the treatment of the same patient by Dr. Russell in 1852 (see *British Journal of Homœopathy*, xi., p. 481) when, by means of homœopathic medicines and mesmerism she was cured of a most painful and seemingly dangerous disease that had long resisted other medication. On that occasion the cure was maintained for about eight years, but Dr. Wilkinson's treatment of the last attack only ceased in the beginning of this year.

This is about the sum of Dr. Wilkinson's contributions to practical medicine. Thanking him for them, we cannot but say again that we think that their proper place would have been the pages of a medical journal rather than those of a popular pamphlet. We pass now to an important deliverance of doctrine on his part, which appears in the "postscript on Medical Freedom." Dr. Wilkinson shall speak for himself.

"There is another branch of despotism quite of an internal kind, which deserves to be recorded and protested against. This is the attempt to subject medicine, not to State law, but to scientific law; the aim, as the phrase goes, to make it into a positive science. The truth is, as I have stated before, that Medicine is not a science at all, although nourished and fed perhaps out of all sciences; Medicine is an Art, and an art reposes upon a gift of God, and according to the intensity of that gift it is called genius, and according to its native and willing openness to the power above it, it becomes inspiration. And that art summons and employs all the faculties for its furtherance; among them, all the scientific faculties, and seeks instruction and advancement from them all. But because it is an unquestioning rush of instinctive life from the man into his world and his calling, it cannot be dominated by any rule or principle whatever less than the love of medical good, and subordinately, and as a means, the love of medical truth. The doctrine or rule must never be allowed to invade that centre any more than the geography of the earth must be palmed upon the sun. If you attempt to work it by rule some one ambitious principle will extinguish all the much-needed others, and you will have war first, and then inconceivable narrowness in your mind. You will fall into sects, and at the entrance to each Mrs.

Grundy will stand doorkeeper in your soul. You will not venture to prescribe what you know would do good, because it is not of your self-chosen rubric; and because your fellows will call you to account for a breach of your bond. You will cease to look all round for means, and will wear the blinkers of so-called principle where the precipices of your own and your neighbour's danger demand the foot of the chamois, and the eye of the eagle. Heaven help you; you will be accoutred for blindman's buff when you ought to be king of the terrible Alps. And all for what? that you may pretend to an exactness which nature disowns; and may enthrone the tiny frame of material science upon the colossal ruins not only of art, but of faith.

“It cannot be done; there are no positive sciences but those of man's own making—the houses which he has built, and in which therefore he can be supreme—the rest are all fluctuating, and so full of mystery before and behind, so meant also for usefulness, and not for absoluteness, that careful and humble science may indeed be a positive ship, made in excellent human docks, but the great, and desiderated, and unattainable knowledge is the sea itself, and God is in that sea. The bark rocks and floats, and the further it voyages, and the more it moves, the less likely is it to founder in the inscrutable deep. Let it not want to become more positive than speeding flight can make it; let it not attempt to drop the anchor of conceit in the unfathomable places—let it not dare to say of any spot in the Divine ocean—This is mine!

“These matters may sound abstract, but they are of immense practical significance, and play an important part, for good or for ill, at the bedside. For if you find a practitioner who has a doctrine which he considers absolute, and who derives his art from that doctrine, two bad consequences will follow. In the first place, he will set an overweening value upon the science, pure and simple, of the case he is treating: the exacting doctrine in him will have an unnatural appetite to be fed out of that science; and the regard of the cure as an end will be perpetually confused by the regard of the science as an end. I have felt this so strongly myself in practice, that I have been obliged to put it down: and to tear up in my mind all magisterial doctrines and principles, and to rewrite them on neutral and subservient parts of myself in a humble and ministerial capacity. By this means, however, I hope I am attaining to a wider



as well as exacter science in the end ; a science which radiates from the conscious intellect of cures. But, in the second place, the *doctrinaire* practitioner will be bound, or greatly biassed, by his own mind ; by the *surveillance* of his *doctrinaire* patients, whom he has helped to make into pedants, and by the medical clique to which he belongs,—not to do anything which outlies the doctrine which is his creator. Suggestions apart from that doctrine will tend to reduce him to a chaos. What *tréble* fear all this implies ! What a slender exploration of the means of nature ! What a regard to a centre of the fancy when sad and bleeding facts lie calling for pity, and ought to avail to take one quite out of oneself, and to make one gather succour from all things. Instead of this, the first care is to practise within the doctrine, and to use no weapon but what the armoury of the doctrine contains. It is true you may have the highest confidence in the doctrine, and may believe it is a universal rule, but universality is only a belief, and not an established fact ; and no number of human lives can make it more than a belief ; that is to say, a probable, and in the ratio of its probability, a growing and a useful science. Nevertheless, you have no right to limit your powers of doing medical good to such a belief or such a science. Observe, it is not the science, but its mastership that I impugn. And I do impugn it, because it limits you with no compensation ; and because in a vast number of serious cases it does not succeed ; and because where it does succeed, you have ever a duty to demand a greater success, in greater rapidity and perfectness of cure. But here, again, your masterful doctrine tells you that when you have served it faithfully, you have done enough.

“ It will easily be seen that all this applies with force to Homœopathy, a doctrine to which I owe so much ; in which, so far as it goes, I thoroughly believe ; and which, whenever the supreme end of cure and my means of knowledge allow, I unreservedly practise. I regard Homœopathy as the grandest natural and material feeder which has yet been laid down by the genius of a man from the nature of things into the spiritual body of the healing arts. Yet Homœopathy is but a doctrine, a science, and a rule, and I will not derive medicine from a science, or confound it with a science ; on the contrary, the science of Homœopathy itself is a beautiful child and derivation of an advancing medical art. Let it occupy a central, a solar place in the science of therapeutics by drugs. There it can

subsist. But no man can do good by ignoring any of the wide realms which lie around it and beneath it, and which are the domain of the collective medical mind.

In the very matter of which the body of this little work treats, the gist of the above abstract remarks is very well exemplified. For I have been allowed to discover that certain formidable diseases, small-pox, to wit, can be treated *tuto, cito et jucunde*, with a safety, rapidity, and absence of suffering hitherto unknown, by simple external applications. In the first place, I had a powerful desire to cure my patients well, and a dissatisfaction with the present standard of well, in all schools. This desire in its measure is the natural heart of healing. Then, in the next process, I knew that *Hydrastis* soothes irritated mucous surfaces, and sometimes skin surfaces, and I thought I would try it on the face of small-pox. The only science here involved was an acquaintance with the drug, and a little reasoning by analogy. I tried it, and it succeeded marvellously. And since then I have the art of applying it correctly, increased by the experience or knowledge of several cases. And I have faith and confidence in its being a future blessing to the public; a saving of innumerable healths, and faces, and lives.

But where is the positive science in all this? A little good knowledge suffices for a great deal of good practice. It strikes me that I have been as little scientific as a skilled blacksmith who makes a horse-shoe in a given number of strokes. Of course he knows what he is about with great accuracy; but that is all you can say of his knowledge. The rest is educated instinct, and excellent smithing. He may read about iron and heat, and the biceps and triceps muscles of his arm, in over hours; and he will better his mind by it, and not hurt his strong sinews; but the science of his art must not intrude itself book-wise into his forge, unless as fuel, or he will soon be a bad professor and spoil horses' hoofs.

Take the obverse, and suppose that I had enthroned the homœopathic principle *above my mind*, and that I had to grapple with dreadful small-pox. The exigency then becomes, to cure with a medicine which will produce symptoms as nearly similar as possible to those of the disease. I know no drug which will do this except *tartar emetic* in one case which I have seen. I should therefore have had to cast about through the whole of pharmacy for the drug in question; to reason by analogy from small symptoms to great ones, and perhaps I should have reasoned wrong; and after all I

might never have found what I wanted. And when I had found it, I should have lacked precedent for applying it externally. In the meantime, what patients unrelieved and unsaved might be waiting at the doors of my positive science before I could throw them open and invite the sufferers into relief and into health! Perforce, I must have hardened and narrowed, and thus satisfied my heart to let such said waiting go on. And at the best, where would be the gain to science? Science is but the register of success; and I should have had no science of shortening the disease, no science of curing the disease, no science of anything, but the worst sort of expectancy; the science of contentment with bad things, and the science of waiting for science. In the end, not homœopathy, but the small-pox would be my king.

To obviate this I stood upright, as I have been gradually for some years now endeavouring to do, and regarded homœopathy, and all other means and pathies whatever, as my appointed servants, and myself as the servant of healing. And now I had no jealousies among the servants, because I gave no privileges to any; and I could pick and choose from all means, regardless of the overweeningness of science, of the sectarianism of patients, and of the despotism of medical cliques. In short, I essayed to be free in my art; to wait upon heaven, and to use all ministers and faculties in their degree of service. Feeling the blessed power of this position, in contradistinction to the cramp and weakness of my old one, I am in duty bound, even against the charge of egotism, to impart it to my fellow men.

What then, it may be asked, becomes of homœopathy? I answer that it takes its place exactly according to its proved services, and stands upon the irremovable foundation of its cures. It will be all that it ever was, the most suggestive thing in the round of pharmaceutical science. Its dogmatism, and its hugeness of minutiae will be cashiered, and homœopathy will be the stronger for losing them. It will be girded afresh for a magnificent servitude to the ends of healing. Its martyrs will still prove medicines on their own bodies, but with an almost exclusive attention to cardinal results. Its registers of symptoms, curtailed by good sense, will be mastered by those who court intimacy with drugs, and studied continually afresh where the art of the physician requires it. The only difference will be, that homœopathy will become enormously progressive, because it will have no authority and no privilege, and will be obliged to subsist

upon cures. Reduced, so far as authority goes, to equality with other medical sciences, it will become primarily ambitious of suggesting remedies, and cease from provings which leave out the human memory, and constitute a new matter and faculty of absolute dust. But it will no more quarrel with other means than the mariners' compass quarrels with the sextant, or the sails with the steam-engine of the ship. Above all, mere instrument that it is, and mere instrument that all science is, it will never go mad again, and believe that it is the captain of the medical crew; for that Captain is the Great Physician Himself, and all His sons and daughters in the plenary freedom of His art.

Amidst much inaccuracy of language, obscurity of thought, and illogicality of reasoning, it is not difficult to see the main drift of Dr. Wilkinson's argument. If true, it is important: it is no less important—to be refuted—if it be false.

No one will disagree with Dr. Wilkinson when he affirms that medicine is not a science, but an art. But when he goes on to define an art as the effluence of "a gift of God, which according to its intensity is called genius, and according to its nature and willing openness to the power above, becomes inspiration:"—when he assumes it to be "an unquestioning rush of instinctive life from the man into his world and his calling," we must demur. Dr. Wilkinson is confounding things which differ. There are certain arts, commonly called "the fine arts,"—music, painting, sculpture, architecture. These, with poetry, differ from everything else in the world in being *creations*. The poet typifies them all, and he is *ποιητής*, the "Maker." These arts do "repose upon a gift of God," which is genius, and may be inspiration. They are the fruits of "an unquestioning rush of instinctive life from the man into his world." They are not "worked by rule." Like Nature itself, they are creations: and as we learn the laws of nature by humble study of its working, so we obtain the rules of art by observing the spontaneous action of the artist. Hence arises the science of "æsthetics," and from that science again, the art of "criticism."

But in calling "criticism" an art we are using the term to characterize another class of facts. Every kind of process by which the necessities and luxuries of life are ministered to is an

art. Agriculture is an art, baking is an art, tailoring is an art, building is an art. Now, this kind of art has nothing to do with genius or inspiration. Man's need of food, of clothing, of shelter, urges him to provide these necessities from the materials around him. By common observation, by chance hits, by happy guesses, the first rude arts connected with these necessities appear. But the mind of man is theoretical as well as practical. The facts brought under his notice in dealing with the powers of nature awaken his curiosity. He becomes interested in the facts themselves, apart from their practical utility. He seeks to know their meaning, to trace their causes, to investigate their relations. When the laws of any class of facts are to some extent discovered, there dawns a science ; and, as science advances, it re-acts upon the art out of which it grew. The law inductively arrived at from a few instances, is found to have a thousand practical applications. Old methods are improved, vicious ones abandoned, new ones introduced. The art has ceased to be empirical and instinctive ; it has become scientific and rational ; and in just the same proportion does it become elevated and extended. Astronomy is brought to bear upon navigation ; and the sailor no longer hugs the coast, but steers boldly forth into the pathless ocean. Chemistry is applied to the primeval art of agriculture, and forthwith the earth gives forth her increase in tenfold abundance, and the wilderness blossoms as a rose.

Here are, then, two kinds of art. The one the creation of genius ; the other, the application of empirical rules or scientific laws to practical purposes. The former have beauty for their form, pleasure for their means, and moral elevation for their end. The latter regard man's physical well-being mainly. The former are themselves the phenomena whence laws are deduced ; the latter are only perfect as they consciously obey laws otherwise obtained. Thus, for example, man's need of shelter from inclement weather leads him to build. From observation of the facts presented to the builder arises the science of mechanics. The application of mechanical laws carries the art of building to previously unheard of developments. But all that science can do is to minister to utility. There is something in

man unsatisfied until genius comes, and the practical art of building becomes clothed with beauty in the "fine art" of architecture.

Now the whole-gist of Dr. Wilkinson's argument lies in the tacit assumption that medicine is an art of the first kind,—that it ranks with poetry and painting rather than with agriculture and navigation. He would say that a man is a born healer, as "*poëta nascitur*." He does say, in reference to the scientific doctrine involved in homœopathy, that he "will not derive medicine from a science, or confound it with a science; on the contrary, the science of homœopathy itself is a beautiful child and derivation of an advancing medical art." In other words, the science of medicine is not to perfect its practice as the science of mechanics has perfected the practice of engineering. But it bears to it the relation which æsthetics bear to the fine arts; and here as there no rules deduced from the science are to fetter the heaven-gifted artist.

Now all this is radically wrong. The fine arts are creations; but the art of medicine is a dealing with God's creation: it is an application of remedial agents—hygienic, medicinal, and dietetic—to the disordered animal frame. It has two classes of facts to deal with—the laws of the organism in health and disease, and the influence of surrounding agencies upon it. Like all other arts, it begins empirically. Men find out as best they can what will do good to this and that morbid condition; they register their experience, and by degrees some rough and crude system of practice arises. But now the Discoverer comes. He observes the most satisfactory cures that are recorded; he perceives running throughout them an uniform relation between the symptoms of the disease cured and the ascertained effects of the curative drug upon the healthy frame; he expresses this relation under the formula, "*similia similibus curantur*." From this scientific induction flows as a practical deduction the system of practice called homœopathic. It does not profess to embrace the whole field of therapeutics, but so far as it goes it is exclusive. It uses drugs only in their dynamic, specific properties. But it says "this, wherever practicable, is the true curative method, and cannot give place to any other."

Homœopathy, then, is to specific drug-healing what every science is to its corresponding art. And here, as elsewhere, the only hope for the perfection of the art lies in the advancement of the science, and the continual embodiment of the same in the practical working of the art. So far from this method being more tardy than the empirical one, it has (as regards the present matter) discovered more specific remedies in fifty years than the old medicine had obtained in five thousand. We, therefore, are debtors, not to our patient only, but to our art; for this is, in other words, not to an individual only, but to the whole body of sufferers. While we are to neglect nothing which we know to be of real benefit to the patient under our care, we owe it—if we believe homœopathy to be true, and avow ourselves administrators of its benefits—we owe it, we say, to our own conscience and to the public to deduce our remedial means, whenever practicable, from the homœopathic law.

This is a humbler, but, we think, a truer position than that which Dr. Wilkinson would have us assume. His freedom is mere lawlessness. "*Natura non vincitur quam pareundo;*" but he would crown us "king of the terrible Alps," otherwise than by studying the laws of glaciers and applying the principles of mechanics. The effort is vain, and the avalanche will sweep away the unequal combatant. No! "*Pareundo*" is the first step. Obey the law, and you will wield the power of whose working that law is an expression. Neglect the law, and the power will elude or crush you. We are but applying the teaching of the great founder of modern science: "*Homo naturæ minister et interpres,—tantum facit et intelligit, quantum, de naturæ ordine, re vel mente observaverit; nec amplius scit, aut potest.*" Let this be learnt and digested, and we shall hear no more about "tearing up in my mind all magisterial doctrines and principles, and re-writing them on neutral and subservient parts of myself in a humble and ministerial capacity." Of course, if the "doctrines and principles" referred to be not true expressions of the operations of nature, it is a mere truism to counsel their deposition from a place of authority. But Dr. Wilkinson evidently means that the heaven-born physician is to hold all scientific doctrine in subservience to "the unquestion-

ing rush of instinctive life from the man into his world and his calling." Such teaching is erroneous in doctrine, and its practical fruit will only serve to verify the old adage, that a short cut is generally the longest way.

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## MISCELLANEOUS.

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### *Homœopathy in Cholera.*

*Bombay, July 13th, 1864.*

*To the Editor of the British Journal of Homœopathy.*

SIR,—As some correspondence which has lately taken place in the newspapers here, on the treatment of cholera, may interest you and your readers, I have the pleasure to send to you by the steamer which takes this letter, copies of the *Times of India* of the 6th of January and 4th of April last, which contain it.

The experience of some fourteen years, during which I have been put to the painful trial of having to apply homœopathy as best I could, unaided by any professional adviser, in the most serious diseases of India, occurring in my own family, have taught me that homœopaths have still much to learn from the old school as to the most effective dose. I commend to the consideration of your professional readers the statement of Dr. Coleridge, that he has been in the habit of administering from 20 to 40 drops of the *Liquor potassæ arsenitis*, with results which very well have astonished him; and, so far as appears, without an ill consequence of any kind. I have a strong impression that homœopathic physicians have frequently failed in the treatment of Asiatic cholera, and it may be of other grave diseases, especially those which have rapid courses within the tropics, by giving too small quantities of the medicine rightly selected.\*

A few years ago I distributed to friends copies of the communication referred to in the *Times of India* of April 4th last, as having appeared in the *Bombay Standard* of June 8th, 1859. I enclose a copy for reference.

A lamented missionary, lately removed from us, wrote to me as under but the day before he was himself seized with the terrible disease to which he succumbed.

"I am here in the midst of disease and death. Cholera has frightfully broken out for two weeks, and the streets are full of

\* Our readers will take our unprofessional correspondent's opinion on the subject of the dose for what it is worth. [Ed.]



mourning. So universally spread has death been, that 'Sootuk' (ceremonial uncleanness resulting from death of a relative or other cause), so carefully observed in other circumstances, is not observed almost, as every body is under death—defilement. Two hundred to three hundred must have died [this was in a small town]. A great many more have been seized. I have with me Arsenic, Veratrum, and Copper; also Camphor, but the last is generally inapplicable, as I do not get notice in time. I have found Arsenic and Veratrum apparently efficacious, but I have also found it necessary to use a stimulant of some kind. By God's goodness I have saved some lives, and the people are sensible of it, which is a great blessing."

I regret much that I did not advise him to administer Arsenic in much larger doses than those recommended in my paper of 1859, which was his guide.

The same post will take for you a copy of some notes from the pen of this devoted man, at p. 21 of which you will find a graphic description of a cholera outbreak in an Indian village.

[The following is the passage alluded to:—

"Abject fear often seizes the natives in the time of prevailing cholera, rendering them deaf to the calls of pity and natural affection. Many a poor wretch dies under the disease, unheeded and unhelped among strangers. The pilgrims sometimes leave to their fate their very relatives, and, terrified, hurry on to their homes. Even if they remain to assist their stricken friend, his condition is very wretched. If no temple is available he must lie in the open air, unsheltered, suffering the scorching heat by day, and the piercing cold by night. The villagers naturally refuse shelter in their houses. I saw at Sassoor, in December, scenes which I shall not soon forget. At a spot near the town a number of cholera-stricken pilgrims were lying on the ground, men, women, and children, very inadequately covered, and suffering the cold of the night. I observed some tossing in the restlessness of the disease with their hair rolling in the dust; while at the distance of a few hundred feet were blazing the funeral piles of various of their companions, and the only question seemed to be whose should be the next turn. I spoke the word of God to many on such occasions, while administering medicine and relief to the sufferers. Several persons fell specially to our care; among them a poor pilgrim-woman, abandoned by her daughter and son-in-law after being seized by the cholera, who managed to crawl alive into Sassoor, and who recovered at last. There was also a Portuguese dealer in eggs, who was attacked at Sassoor, and fell down un-

mined. We did all we could for him, and he revived a little ; but next day he died.”—*Notes of Missionary Work in 1863, by Adam White. Bombay, 1864*].

An able and experienced medical practitioner in Bombay, to whom I had suggested the use of Arsenic in cholera, lately told me that he had tried it and with success. Having frequently conversed with me on the subject of the homœopathic law and its application, he mentioned to me, as a matter which had much interested him, that he found many of the lower classes in this island using in cholera a clearly homœopathic remedy—the seed of a plant of the class of *Iatropa*, or poison nut.

When writing above respecting the necessity for larger doses in some cases, in order to secure the best results, I should have added that I have seen one of the severe malarious continued or remittent fevers of this country continuing unchecked during ten or twelve days, notwithstanding the administration of homœopathic remedies (among them China), in dilutions, and yielding at once to 10 grain doses of Quinine.

I am, Sir, yours, &c.

N.

The following is the correspondence in the *Times of India* alluded to in the above letter.

*Cholera in Bickaneer.*

To the Editor of the “Times of India.”

SIR,—At the request of some friends, I enclose a copy of a paper I sent two years since to the Commissioners appointed to inquire and report on the cholera in India. Perhaps you will think it worthy a place in your Journal, as I believe the treatment worthy of a more extended trial.—I am, &c.,

ERNEST COLERIDGE.

S. S. Salsette, 25th Dec.

*Bickaneer, Rajpootana, Dec. 2nd, 1861.*

I am indebted to the *Lancet* for the hint, which I have fully followed out, in the treatment of cholera, and with success.

Bickaneer in Rajpootana has many peculiarities. The soil is sandy and dry ; very little rain falls. The average of the last ten years has been under ten inches ; and in the city itself, not more than two inches have fallen within the last two years. Water is at a great

depth from the surface, 300 to 360 feet, consequently there are no crops but those depending on the rains. Vegetation is scant, trees few and far between, and the atmosphere excessively dry, so much so, that alkaline salts and citric acid lose so much of their water of crystallization as to become opaque.

Nevertheless, miasmatic fever is very common. I have known whole villages, in which a single inhabitant could not be found free from it; and in the year 1856, when there was more rain than usual, the mortality was very great.

I have resided at this Court, as medical attendant on the family of the Maharajah, during the last fourteen years, and until the late outbreak of cholera have never seen one well marked case of the disease in this place. About five weeks since, a few cases were imported from a fair held for religious purposes at Ram Dev, about 140 miles south-west from this, in the state of Jodhpoor, where it was very fatal. The disease accompanied the persons returning from thence. Many died on the road. The prevailing winds also have been from west, south-west, and the north-west, and the cholera has spread in these directions, from the place in which it apparently originated.

Two of these cases were brought to my door, having been ill from forty-eight to seventy hours; a young man and his mother, both were in a state of collapse, cold, pulseless, and apparently dying. To the woman, I gave 50 minims of Chlorodyne (Dr. Collis Browne's); to the man, who was not quite so far gone, 20 drops of *Liquor potassæ arsenitis*. The woman died almost immediately; the man almost as immediately recovered, rose, and made preparations for the funeral rites of his mother.

Three or four days after this I saw two cases, children in the same house, girls, 14 years old, cousins. They had been ill twelve hours, and were apparently dying. I again gave Chlorodyne to one, and the Arsenical solution to the other, with the same results; the one taking Chlorodyne dying, and the other recovering rapidly. From this time the disease spread rapidly, and I gave the Arsenical solution universally, 20 drops immediately, to be repeated if followed by vomiting, and four doses of 5 drops at intervals of thirty minutes.

I have had up to this time (December 2) upwards of 200 cases under my own observation; of these seven have died, and all these seven had been neglected, having been ill from forty-eight to seventy hours, the rest have recovered. I have sent supplies of the solution to the villages around, some of which have suffered severely, and the same

success has followed its administration ; as under my own observation.

During the prevalence of the disease, many instantaneous deaths have occurred, without a previous symptom, and generally it has been painless but very rapid. Cramps and pains in the bowels have sometimes been present. The application of Sinopisms or Spirit of turpentine have usually given speedy relief. Suppression of urine has been a frequent symptom after the cessation of vomiting and purging—relieved by Camphor mixture and Sweet spirit of nitre given every hour.

A secondary diarrhœa has often been met with, which has given way to a Chalk and Camphor mixture with Aromatic spirit of ammonia. And in a few cases, where Arsenic was apparently foiled of action, a full dose of Chlorodyne has immediately given relief.

I have always kept the following medicines in readiness:—

1. Liq. potass. arsenitis.

2. When there was a return of diarrhœa—

Mist. Camph.—Mist. Cretæ, 6 oz. each—Spt. ammon. Aromat.  
3 drs.—one ounce—as often as required.

3. If suppression of urine—

Mist. Camph., 1 oz.—Spt. Ceth. nit.,  $\frac{1}{2}$  dr.—every hour.

4. When accompanied by cramps and pains in the bowels—

Spt. of Turpentine on flannel, wrung in hot water or sinopisms.

5. Chlorodyne (Collis Browne's), which has sometimes given immediate relief.

I have been much gratified at hearing from Captain Hamilton, Assistant Agent Governor-General for Rajpootana, now in Bickaneer, that the medicines I had sent into the villages, through which he passed in coming here, had been very useful. The same report reaches me from other places. I have given the Arsenical solution to many intelligent persons, and good success is reported. My own servant gave it to a woman, who recovered ; after which her child, four years old, had an attack. She gave the child a full dose of twenty drops, which was followed by almost instant recovery ; and I have since sometimes given increased doses (to forty drops) with good results.

I send these few observations, hoping that the same treatment may prove successful in other hands. I would only add one fact, as far as I have been able to ascertain the rate of mortality, among those who were unable or unwilling to apply for medical help : one day

particularly, I ascertained that in one district of the city, out of forty-one cases there were twenty-seven deaths.

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*Arsenic in Cholera.*

To the Editor of the "Times of India."

"Honour to whom honour is due."

SIR,—In your paper of the 24th ultimo there is a reprinted letter, in which Mr. Ernest Coleridge recommends the treatment of cholera by Arsenic, and describes some cases in which the administration of the medicine in the most advanced stages of the disease was followed by very rapid recovery. He states, you remark, that "he was indebted to the *Lancet* for the hint," meaning, I presume, the hint on which he acted in experimenting with the drug. My object in addressing you is twofold: to vindicate the claim of the man to whom the merit of discovering the medical power of Arsenic in cholera is due, and to enforce on medical men in this country the duty of immediately testing this medicine, by pointing out the scientific basis on which its administration rests, and assisting them to discriminate the class of cases to which it will be found specific.

The unsatisfactory state of medicine must be Mr. Coleridge's only apology for the circumstance that he, at this late date, has been indebted to a "hint" in the *Lancet* for that which he might years ago have learned as a truth demonstrated by the most conclusive evidence. In no other science than that of medicine could we have these daily re-discoveries of that which was discovered long ago; in no other could we witness the spectacle of gentlemen exhibiting no feeling of compunction or regret on being made aware that they have, in ignorance, put forth before the world as the accidental results of their own experimentings, facts already established by others on the surer conclusions of inductive reasoning.

I regret to be obliged to record, that I very frequently see cause for bringing this charge against members of the medical profession with respect to the treatment of homœopathy. Enlightened men, whatever may be their judgment of the homœopathic system, owe it to themselves at least to obtain such acquaintance with the literature of this despised school, as will suffice to secure them from the dilemma of being chargeable either with prejudicial ignorance of valuable truth, or with desire to appropriate that to which they have no right.

If I had the standard homœopathic works at hand I should be able, I believe, to demonstrate that, since attention in Europe was first called to the question of the treatment of Asiatic cholera, arsenious acid has consistently been recommended by the writers of that school as the most effective remedy in the most serious class of that disease. If the law "*Similia similibus curentur*" be true, one can hardly imagine any case in which its application would be more immediately seen than in the treatment of cholera by Arsenic. A picture of the most deadly cases of the scourge is a picture of a case of arsenical poisoning. So identical are the symptoms that analysis alone, in many instances, can distinguish a death resulting from the disease from one resulting from the poison; and there is much ground for apprehension that in this country the effects of the latter are very often mistaken for the symptoms of the former.

The earliest work, however, to which I can at this moment refer as evidence of the lengthened period during which homœopathy has been persistently advocating the claims of Arsenic as the most powerful remedy in fully developed cholera, is Doctor Rutherford Russell's *Treatise on Epidemic Cholera*, published in 1849. From page 213 of the first edition, I make the following extract:—

"Arsenic is the remedy in which we have far the most faith, after the period for the administration of Camphor is passed.

"An attentive study of the operation of Arsenic fully warrants the confidence in its curative power in cholera. It evidently has a deep action on the vitality of the body, independently altogether of its local irritant effects; and this action, like that of the cholera poison, shows itself in many ways, but the most characteristic symptom is simply death.

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"We look upon Arsenic as a forlorn hope in those very bad cases where there are hardly any symptoms present except coldness, lividity, thirst, a fluttering pulse, or no pulse, and great apprehension (alas! often too well founded—'*Je suis un homme perdu*,' were the last words of Marshal Bugeaud) of immediate death. In this class of cases, of which several will be found among those which we have published, we should be inclined, had we to treat them over again, to give nothing but Arsenic, and that too in the largest doses we ever employ. We should give a drop of the first centesimal dilution every half hour, and no other medicine. The general experience of

homœopathic practitioners is in favour of the great value of Arsenic in cholera."

The talented writer then gives "the symptoms of Arsenic as detailed by Hahnemann, from whose pages Doctor Christison, who is not supposed to have any partiality towards homœopathy, selects his description of the effects of the poison:" and adds:—"This is a remarkable tribute considering how many have written about the effects of Arsenic, both before and after Hahnemann had published his treatise, 'Ueber die Arsenikvergiftung:' and how perfectly able the erudite Professor was to pronounce a sound judgment upon *this point.*"

In 1855 the Board of Health so far forgot its duty as to exclude from its report presented to Parliament on the results of the different methods of treatment pursued in epidemic cholera in England, the Returns submitted by the committee of management of the London Homœopathic Hospital. The consequence was that, on the motion of Lord Robert Grosvenor (now Lord Ebury), the hospital returns were called for, laid before Parliament, and printed in a separate blue book, which I will send to you, should you be willing in the interests of the public to reprint either the whole of it, or extracts from it. Arsenic was a chief medicine employed at the Homœopathic Hospital, and the reason given by Doctor Paris, the President of the "Treatment Committee" (and of the College of Physicians), for excluding the Returns was, "that by introducing the returns of homœopathic practitioners, they would not only compromise the value and utility of their averages of cure, as deduced from the operation of known remedies [I wonder what these were], but would give an unjustifiable sanction to an empirical practice, alike opposed to the maintenance of truth, and to the progress of science."

Your readers may judge of the merits of these reasons for the suppression of facts, bearing in mind that the facts were suppressed by a body of men publicly entrusted with the duty of collecting all statistics of treatment supplied to them, the very appointment of the Committee being based on the circumstance that there was no "known remedy" for cholera. I am sure that Mr. Ernest Coleridge was not aware, when he experimented with Arsenic, that he was pursuing a treatment "alike opposed to the maintenance of truth and to the progress of science."

I should add, in the words of the Blue Book, that the mortality

at the homœopathic hospital, in the very focus of the cholera district was "16·4 per cent. in an epidemic, in which the Report issued by you (Sir Benjamin Hall) shows that the deaths in severe cases under the most successful treatment pursued in other metropolitan hospitals was at the rate of 59·2 per cent."

Doctor Rutherford Russell, in the work already referred to, gives the following statistics of cholera mortality in Edinburgh and Leith in the epidemic of 1847, 1848.

Under homœopathic treatment 24·15 per cent.

Otherwise treated, 68 per cent.

In 1859 I sent a letter to the editor of the *Bombay Standard* which was printed in that paper on the 8th of June of that year. After pointing out the great value of camphor at the onset of the disease (it is remarkable that Mr. Coleridge also recommends camphor!) I then wrote as under:—

When, however, cholera is fully established, other remedies must immediately be resorted to, whether camphor may have been used in the preliminary stage or not. That these directions may be as simple as possible, I will include all cases of cholera under two heads—first, those in which very copious vomiting and purging indicative of considerable reaction of the system to get rid of the poison, are the prominent symptoms; and secondly, those which, while the evacuations are probably much less in degree, or at times entirely absent, are characterised by prostration of the vital powers from the commencement, and rapid collapse. For these latter cases, which are by far the more deadly, the medicine is Arsenic. The chief symptoms which this terrible poison, in sufficiently large doses, produces, are violent pains in the stomach, great distress and burning in the epigastrium, unquenchable thirst, constant nausea, diarrhœa and vomiting of watery and bilious matters, suppression of urine, hippocratic countenance, hollow cheeks, sunken eyes, intermittent, tremulous pulse, icy coldness of skin, clammy sweat, and extreme collapse. Whenever these symptoms, or several of them, are met with, let Arsenic be administered.

"The best preparation is pure Arsenous (Arsenious Acid, White Arsenic). One grain should be boiled in a test tube in one hundred drops of distilled water (loss by evaporation being from time to time replaced) until dissolved. Of this solution one or two drops may be added to a wineglassful of water, and a teaspoonful given every 30,



15, or in urgent cases, every 10 or 5 minutes until relief, or until 10 or 12 doses have been given.

“Since, however, many who may wish to give this medicine a trial may not be able to obtain it, I may mention that the ‘Fowler’s Solution’ of the London Pharmacopœia (Arsenite of Potash) which is to be obtained at any chemist’s, has been frequently used as a substitute, and found to succeed. One or two drops (which contain slightly more Arsenious Acid than the previously mentioned solution) may be added to the same quantity of water, and taken in the same way.

“Some members of the medical profession will probably test the medicine, but give it in larger doses. They will, I doubt not obtain results if they give it in any quantity short of that necessary to produce poisonous effects, but if they wish for the greatest amount of success, the dose indicated, or one not far removed from it, will be found best.

“For non-professional persons a diluted solution will be more convenient, and may be kept with less danger. Five drops of Fowler’s Solution may be mixed with 50 of distilled water, and of this mixture 10 or 20 drops may be added, when required, to a wineglassful of water, to be used as above.

“I recommend all who can, to procure the solution of pure arsenious acid, which may be kept either at the strength directed, or at any known degree of dilution.”

From the same letter I extract the following notice of another too tardy discovery of this valuable medicine:—

“I have omitted to state in the proper place that those who have the *Lancet* to refer to will find some exceedingly favorable reports as to the curative power of Arsenic in the Nos. for October 3rd, 10th, and 17th, 1857. Dr. Black of Chesterfield (one of the reporters) while carefully ignoring homœopathy, nevertheless gives the homœopathic law as the explanation of its action. ‘It produces its effects,’ he says, ‘in accordance with a known physiological law, that *no two actions of a similar nature*’ (the italics are mine) ‘can go on in one and the same part at one and the same time.’ He also lays a claim to the discovery of this remedy, though homœopathy has for many years been using and recommending it. Another writer in the same periodical (Dr. Hitchman of Liverpool) states,

‘Abundant clinical experience has taught me that doses large enough to disturb the system have often very little curative power over disease, which in truth succumbs readily to much smaller quantities . . . . I have had ample opportunities of obtaining rapid and permanent cures *from the hundredth part of a grain* of Arsenious acid, even in extreme cases where the vomits, cramps, and dejections, were incessant and appalling to the stoutest heart.’ With still smaller doses his results would have been even more favorable, and had he known in what cases to give Arsenic, and in what Veratrum or other medicines, his success would have been greater still.”

“As to treatment, I add from the same letter the following:—

“For general use among those who may wish for something more simple than the above few distinctive marks of the several medicines mentioned, I add the following more concise direction:—

“Always keep the three following solutions in separate new bottles:—

- I. Camphor tincture, as previously directed.
- II. Five drops of Fowler’s Solution added to two wineglassfuls of distilled water, and one wineglassful of spirits of wine.
- III. Eight drops of Vinum Veratri added to one wineglassful of distilled water, and two wineglassfuls of spirits of wine.

“In all cases seen before vomiting and purging set in, where an attack of cholera is apprehended, administer drop doses of the camphor solution (No. 1) every 5 or 10 minutes.

“When cholera is fully developed administer alternately teaspoon doses of the arsenic and veratrum solutions (Nos. II. III.) every 30, 15, or in urgent cases, even every 10 or 5 minutes.

“When violent cramps are the chief symptoms, the arsenic and veratrum may be omitted now and then, and two or three doses of acetate of copper given.

“These directions will be all that are desirable for the non-professional. To the medical man, however, I must add that if he practises merely by these or any other *rules*, he will fail to obtain the amount of success which might be obtained. If the profession should take up arsenic as *the* remedy for cholera, as is not unlikely, or veratrum, or some preparation of copper, results will be much less favorable than those which an intelligent application of the law of similars might have effected. To those in the medical profession who are conscientious enquirers after truth, I would say, study well

the effects produced by arsenic, veratrum, copper, elaterium, croton oil, ipecacuanha, and other medicinal agents of this class on the healthy human body, as delineated in Dr. Christison's work on Poisons, or Taylor's, or any other; and when this has been well done, ask yourselves on being called to a case of cholera, which of the medicines studied would produce most exactly the group of symptoms present in that individual case. The medicine so selected will be the most directly curative,—in that particular case the specific. The next half-dozen cases which may be treated, may possibly be best met by as many different remedies.

“I should like to see a trial of the arsenite of copper (Scheele's green). Theoretically I should infer that it would be found a valuable remedy.”

Finally, let me recommend to the members of the medical profession the study of Doctor Rutherford Russell's work (publisher Bailliere, Regent Street) as a duty which they owe to the community. They admit that they have as yet no remedy for this terrible disease; it seems to follow as a logical consequence that all thoughtful men amongst them will recognise the obligation of carefully considering suggestions which may come to them from any quarter. The only test in the present case, to those unacquainted with the law of similar, is experiment.

*March 31, 1864.*

PHILALETHES.

### *Hahnemann's Will.*

We have received from Dr. Süss Hahnemann the subjoined translation of his grandfather's will, and the appended observations, which we think may interest our readers.

“In the Name of God. Amen!

“Although on the 16th September, 1834, I made my will, and duly deposited it with the Ducal Government, and although likewise for the purpose of avoiding every kind of dispute with regard to my property among the members of my family, and wishing to live the last days of my life in undisturbed peace and quiet, I divided on 17th February last nearly the whole of my fortune amongst the children; yet, after careful consideration, finding that these very dispositions (which in some respects contradict themselves) might engender mistakes and misunderstandings, and also as in conse-

quence of my contemplated journey to Paris, from whence it is quite impossible to say when—if ever—I shall return again, my views and intentions have become altered on some points; therefore I herewith cancel and annul my first will, and place in its stead this present will, which contains all my wishes regarding my property and other matters.

“§ 1. Before all I commend my immortal soul to the grace and mercy of God, in the steadfast belief that this most high and potent Guide of my Destines will allow it to participate in His heavenly Glory. My mortal remains shall be left to my dearly beloved wife, who alone is to choose the place of interment and the kind of funeral, according to her choice, unfettered by any one; but should one of my children or grandchildren dare to interfere with her directions, he is forthwith to be punished by losing one half of his whole inheritance.

“§ 2. My whole property, consisting of £9000 cash, two houses in the Wallstrasse in this town, some articles of virtû and furniture is to be divided in equal parts, but subject to certain conditions hereafter to be mentioned among the members of my family, as well as all the children who may arise from my present marriage.

“§ 3. As mentioned above, on 17th February I disposed of nearly the whole of my property by a deed of gift to my children, giving each of them the sum of £900, subject to certain conditions specially stated in the aforesaid document. This deed of gift is to remain for the present in power so far as this will of mine does not alter it, but I declare herewith most emphatically, that with the view not to bind myself by it, this deed has not been submitted to my children for their approval, and therefore has no binding character on both parties, but contains only my own dispositions of my property, an arrangement which I have made solely for the purpose of affording my children during my lifetime some assistance. It is therefore not irrevocable, but can at any time according to my judgment be altered or cancelled.

“§ 4. Should my son Frederick be incontestably found to have died before me, then his daughter is to be placed in his stead, and should she have died childless previous to my decease, then her portion, as well as that of any others who may have died without issue before my demise, is to fall back into the general estate.

“§ 5. I leave as a special legacy to my two youngest daughters Charlotte and Louise, for their joint use, my house, 270, Wallstrasse

in this town, free from all debts and mortgages, so that they may take possession of it immediately after my death. Likewise I bequeath to my daughter Amalie, as a reward for her constant filial affection and devotion, my house, 269, Wallstrasse in this city, for her sole and absolute use, free from any charge except allowing her sister Eleonora, should she be a widow, and willing to live in Cöthen, the use of a room in the said house, or the sum of 20 thalers per annum instead, according to the choice of the legatee.

“§ 6. The golden snuff-box with the letter F in brilliants, which the late Duke Ferdinand presented to me, I hereby bequeath to my absent son Frederick, should he still be alive, otherwise his daughter is to receive it, like the other portion of her father's inheritance. All the other valuable articles and moveables belonging to me have already, for the most part been divided among my children during my lifetime by a special deed of gift. The lists containing those articles, which each of my heirs has received, or is to receive, are all signed with my name, and are marked respectively A, B, C, D, F, G, H, and are annexed to this will.

“§ 7. With regard to the house, which I bequeathed to my two youngest daughters, I have particularly to state, that should one of them die before me, the other one is at once to take possession of it. If both are alive at the time of my death, they are at liberty to dispose of all their legacies according to their own free will.

“§ 8. All those articles of my property which have not been mentioned or disposed of either in this will, or in the annexed lists, belong to the general estate, and are to be divided equally among my heirs; but all the other properties, which I take with me to Paris, do not belong to the general estate, and will be disposed of hereafter.

“§ 9. The presents and dowries which some of my children have received during my life-time, are not to be brought to account.

“§ 10. All notes written and signed by my own hand, with my name, which may be found after my death among my papers, disposing of articles, or assigning legacies or other property to friends of mine, are to be considered as codicils to this will, and are equally binding on my heirs.

“§ 11. I trust that all my heirs will acknowledge in these arrangements my paternal affection, as it will greatly contribute to my comfort during the last days of my life. But should any of my family, contrary to all expectation, not be satisfied with this my last will,

and begin an action at law about it, he is to lose at once one half of his whole inheritance.

“§ 12. On the eve of my departure to Paris, where, far away from the country in which I had to suffer so much, I probably shall remain, and where I hope to find with my beloved wife that peace and happiness for which my desired marriage will be a sufficient guarantee, I declare that I have divided nearly the whole of my property among my children solely on the particular wish and desire of my dear wife, which is a proof of her noble disinterestedness; to her my children owe it, that they have already received nearly all my own fortune, which I have acquired with so much labour and exertion, but which I never could quietly enjoy. I have only reserved for myself the small sum of £2000, and shall take, on the particular wish of my wife, only my linen, wearing apparel, library, medicines, and a few valuable articles, as watch and signet ring, with me to Paris.

“I am now in my 81st year, and naturally desire at last to rest and to give up all medical practice, which is at present too burdensome to me. I therefore disclaim all intention of augmenting my fortune, and renounce all further gain, which, after having amply provided for my family, I am not in need of. Deeply impressed with gratitude to my wife for all the happiness she has conferred upon me; and by inducing me to distribute my property amongst my children (thus securing them an independent existence), for the happiness and comfort she has bestowed on them, I now consider it my sacred duty to take care that the future peace and happiness of this most amiable wife is secured. To guard her against any unjust claims which might be made by members of my numerous family—a proceeding which would only show a culpable malice, or sordid avarice, I order that she is to keep, without any exception, all articles which I take with me to Paris; and I forbid that seals be put on her house when I die, or that inventories be taken, or any description be demanded; in short, I desire, that my wife be left for ever undisturbed by my family, who have no claim whatever on her, but who should rather bless her for her noble disinterestedness. But if there should be one found among my children so unworthy as to dare to disturb my beloved wife in the least, he is to lose forthwith one half of his whole inheritance; and if all my heirs be disobedient and refractory, and jointly should, contrary to my orders, molest their step-mother in any way whatever, then one

and all are to lose the half of their inheritance. In such a case, I request the Ducal Government to apply these fines, according to their choice, for some charitable purpose.

“§ 13. Should my present wife bear me any children, then this child or children, as a matter of course, have the same claims on my property as the children of my first marriage. Lastly, I request my Government to take care that this my present will be faithfully executed.

“Given under my hand and seal,

“CHRISTIAN FREDERICK SAMUEL HAHNEMANN.

“Cöthen, 2 *June*, 1835.”

Here follow the lists marked A, B, C, D, F, G, H, which contain the enumeration and distribution of Hahnemann's moveable and fixed property, and to show how earnest and sincere he was in his desire to live the remainder of his life retired from all medical practice, he bequeathed in list G to his youngest daughter Louise the books which contained the cases of all his patients, carefully and elaborately written with his own hand, forming perhaps the most interesting work for homœopathy that could possibly be, could they but be published; but unfortunately, up to the present time, their publication has been withheld.

No sooner had Hahnemann arrived in Paris than, through the influence of his young wife with the late King Louis Phillip, the then prime-minister, M. Guizot, granted him permission to practise, a favour which the medical faculty of Paris had previously denied him. All at once we find the old gentleman, who, a short time before, had expressed the most earnest desire to rest and lead a quiet life, in the midst of an extraordinary large practice, driving about Paris, and visiting his patients, a habit which he had never resorted to before, so that he was enabled soon to remove from his comparatively obscure lodging near the Luxembourg, to a large mansion in the Rue Milan, where he amassed within the short space of nine years a very large fortune (four million francs).

From this fact the reader will be able to understand the extreme severity which Hahnemann, always so kind to, and fond of his children, was induced to employ against his family, threatening them instantly with the loss of half their whole inheritance, should they call his wife, after his death, to account.

Mrs. Hahnemann was too shrewd a woman not to know that if

she could once remove the founder of homœopathy to Paris, her fortune was made, and by this will secured to her in undisturbed possession. The poor old gentleman, who was benevolence itself, had actually to impose the heaviest possible fines and penalties the law would allow upon his own children.

To practise with advantage Hahnemann required his old case-books, which he had given to his youngest daughter ; he applied therefore to her for their loan, promising most solemnly that they should be returned immediately after his death. On this express understanding his daughter parted, though still reluctantly, with her invaluable treasure, never, as it turned out, to see it again.

The ostentatious affection which the wife displayed towards her husband whilst alive, soon vanished after his death. The immortal founder of homœopathy was buried like the poorest of the poor ; his funeral taking place as early in the morning as six o'clock, under a pelting rain, a common hearse bearing the remains of the great man to his last rest, only his wife, his widowed daughter, my late mother, myself, and Dr. Lethière, being the mourners who followed. The coffin was deposited, and is still, at the present moment, in an old vault, where his "*devoted*" wife had already deposited the remains of two aged "*friends* ;" so that Hahnemann's wish to have on his tombstone the words written, "*non inutilis vixi*," remains in abeyance.

But this is not the only desire of his left disregarded ; his solemn promise to his daughter to let her have the manuscript case-books returned, which she, on the faith of her father's word, sent to Paris, has never been fulfilled, although frequent applications have been made to Mrs. Hahnemann by the rightful owner.

*On Santonine ; with especial reference to its use in the Round and Thread-worm.*

By WILLIAM ANDERSON, M.D., Resident Physician to the  
Birmingham General Hospital.

The introduction of "*santoninum*" into the *British Pharmacopœia* was no more than was expected by those practitioners who have for several years been convinced of its efficiency, and especially of its superiority to all known anthelmintics in the treatment of the round worm.



Though known in America and upon the continent, it has been little used in this country, and is not mentioned in some of the more recent works upon the practice of physic. Dr. Fleming, of Queen's College, Birmingham, describes it to me, after an experience of more than five years, as the best of known remedies for the round worm and ascarides; and pronounces it, as the result of his observation, to be decidedly superior to spigelia, of which he has made many trials, and which has been so highly praised by our American brethren.

A correct knowledge of its action and mode of administration must be very important to those living and practising in districts where these worms abound and give rise, as they often do, to symptoms of the most formidable and alarming nature—epileptiform seizures, intense headache, hypochondriasis, and dyspepsia, in their most aggravated forms.

The question has been raised, whether or not the presence of these worms in the intestinal canal is injurious to the economy; but when I mention that last year a case of perforation of the intestine accompanied by fatal hæmorrhage occurred in this hospital, and that many of the cases here are attended with such symptoms as to make the patient's life miserable, and greatly to deteriorate the health, if not lay the seeds of incurable disease, I think that this position will be no longer tenable. Moreover, the remedy is so simple, and tasteless, if not pleasant, as prescribed, and productive of no disturbance whatever, that I am inclined to think that any one who had a well-founded suspicion that his patient was suffering from lumbrici, would be only too glad to avail himself of this easy method of curing what might at any time prove a fatal, and is at all times a loathsome, malady.

The lad mentioned above where perforation took place in the duodenum, had nine lumbrici in his intestines; and patients have presented themselves suffering from the symptoms of the disease, who have passed upwards of a dozen after a few doses of the remedy. One man, after taking five grains of Santonine three times a day, passed three worms the morning after taking the medicine, two the same night, and one the morning following—six in all—and was very soon in perfect health, although before he was miserable from headache, sickness, and nervous debility. Many such cases could be quoted where immediate relief has been obtained and no disturbance caused, and it is only in cases where large doses have been used that the drug has caused vomiting, purging, or prostration; the tendency to purging with moderate doses being never observed in my expe-

rience, the bowels being, on the contrary, generally somewhat constipated after the medicine, and requiring gentle purgatives, as castor oil. Several times patients have complained of seeing things green and yellow after the use of Santonine; and have been not a little alarmed lest this state of things should continue permanent; but I have never met with a case where they complained of seeing objects red, as is stated by some.

The urine is always coloured of a yellowish-green hue; and I was surprised to find that, on the addition of a few drops of *Liquor potassæ* it is instantly changed to the brightest red colour—a very pretty reaction, which any one can verify with ease for himself.

The dose for adults is from two to six grains, and for children from half a grain to a grain. Dr. Fleming recommends the following formula, which I have found very convenient and vastly superior to any other; although I have been in the habit of giving it three times a day instead of at bedtime, and have not noticed any injurious, but, on the contrary, beneficial—that is, more certain and speedy—effects from so doing.

R Santonini, gr. ij ad gr. vj; Sacchari lactis, gr. v.

The patient, having fasted since midday, takes this powder at bedtime, suspended in a tablespoonful of cream; next morning, a dose of castor oil; and this process may be repeated several nights, or until the worms are discharged.

But what I am particularly anxious to direct attention to is the *rationale* of the action of the drug, inasmuch as I regard it, from the peculiarity of its behaviour and relation to the intestinal juices, as a *specific for lumbrici only*; though no doubt useful, both as given by the mouth and by injection (dissolved in a weak alkali), for ascarides.

The salient points to be kept in remembrance, with a view to understanding the theory of its action, are as follows:—

1. Santonine is not soluble in water, nor in weak acids like the gastric juice.

2. In all likelihood, it passes through the stomach unchanged, until it meets the alkaline juices of the duodenum, in which it is freely soluble.

3. If properly administered, as with sugar of milk, and suspended in cream, the drug is not rendered soluble, and hence not active as a worm poison until brought into actual contact with its victims in the small intestines.

4. If it were administered already dissolved in an alkaline mens-

trum, we should incur the risk of its absorption in the stomach before reaching the parasite.

**CASE I.**—H. S., aged 22 years, suffered for two months before coming under treatment as an out-patient, from “dimness in the eyes, low feelings, numbness and mythering in the head,” and a choking feeling in the throat, so severe that at times he “thought he should have died.” He also complained, on being questioned, of very low spirits and inability to follow his work, that of a nailor. About a fortnight afterwards he had a fit, undoubtedly, from the description of his friends, epileptiform; and he applied for medical advice, and got six powders, which, however, left him still worse than before. He was confined to bed and miserable, and was induced to come here six weeks after the occurrence of the fit. He was ordered Santonine and Sugar of milk, of each five grains, three times a day. The result was the removal, to the patient’s astonishment, of seven lumbrici, one alive, the morning after taking the powders. A dose of castor oil removed two alive the following morning; three dead the next morning; and one, also dead, the following night. He says he felt rather lightheaded soon after commencing to take the powders; that he saw things green and yellow at intervals (never red), and that his urine was “yellow, like gold.”

**CASE II.**—T. S., aged 6 years, admitted on April 25th as an in-patient, had suffered from violent epileptic attacks for several months. I regret that I do not possess accurate notes up to the termination of this child’s case, as she left this hospital for London. Though only six years of age, and a pale, anæmic child, she passed no fewer than eighteen lumbrici during the first six weeks of her stay in the hospital; and sixteen of these eighteen were passed after taking Santonine, none having been passed after the use of the male-fern, which was given on the suspicion of tænia being present, and only two being removed after turpentine with castor oil.

This case is also interesting from the fact that she was able to take the very large dose of six grains of Santonine three times a day; and for one day she took ten grains three times a day, without any other effect than sickness and faintness.

The epileptic attacks continued almost as frequent as before at the time of her dismissal; but, in my opinion, it is by no means improbable that, from the long continued presence of such an irritation as must have been caused by the presence of so many of these immense worms in this little creature, the epileptic habit (if I may so express

myself) may have been established. Other remedies, Zinc and Atropia, had no effect upon the epilepsy.

CASE III.—S. J., aged 30 years, married, admitted as an out-patient on December 3rd, 1863, had suffered for three months from pain in the stomach and right side, and from “a choking and rising in the throat, and complete loss of appetite;” and having vomited a lumbricoid worm, she applied to a medical man, who prescribed some powders for the worms; but she passed no more worms, and was not at all relieved. She came here on December 3rd, and was ordered five grains of Santonine with Sugar of milk three times a day, which large dose she continued to take for a fortnight. During these fourteen days, she passed eight or nine lumbrici all dead, and is now in perfect health and free from pain of any kind.

She states that, on the first and second days after taking the powders, she almost lost her eyesight and “saw things of all colours,” and turned giddy, and was obliged to confine herself to bed, as she felt weak and unable to go about. The bowels were constipated, and she took castor oil. The urine was of a citron yellow, and became of a beautiful crimson colour on the addition of Liquor potassæ.

Many cases similar to the above could be quoted; and cases to show the superiority of this drug over the powder of the *Artemisia santonica*, which I have given to children in the dose of twelve grains night and morning, with very little comparative benefit. In these cases, the urine was only tinged of the slightest pink on the addition of Liquor potassæ; and the patients never complained of any effect upon their eyesight.

The greenish-yellow colour of the urine and the deepness of the red colour on the addition of an alkali (for ammonia, soda, and lime give the reaction as well as potash) bear a direct relation to the strength of the dose.

Dr. E. Rose, of Berlin, took fifteen grains without injury, and found that twice that quantity was sufficient to poison a rabbit by convulsions and ascending paralysis. (*Archiv. f. Path. Anat.*) I have taken small and large doses of the drug without any bad effect; and along with my friends Messrs. Elkington and Birt, have detected a perceptible red tinge in the urine a very few minutes after taking a dose, showing that this is a substance very easily absorbed. Indeed, as it shows its presence in the urine so quickly, it seems reasonable to conclude that some of it, or some constituent of it, must be ab-

sorbed even in the stomach, although it is pretty clear that the active part of it is dissolved in the alkali of the duodenum.

If given in the form of solution as Santonate of soda, probably more would be absorbed, and the serum of the blood and the urine more intensely coloured; for it has been found partially unacted on in all parts of the intestinal canal, and in the *faeces* themselves when given alone; but it would not be nearly so efficient when dissolved as a worm poison.

I believe that just as certainly as practitioners will find this drug a *specific and sure poison for lumbrici*, so certainly will they be disappointed if they use it indiscriminately as an anthelmintic in cases, for instance, of *tænia*, where I have satisfied myself it is decidedly inferior to the Male-fern and to Kamela. It is, however, as stated above, of service in the thread worm, especially as a weak alkaline injection; in such cases, however, I think I have found as good results from enemata of infusion of quassia (four times the usual strength) with common salt. It is so difficult to get out-patients to manage such matters to one's satisfaction, that I have not yet been able positively to ascertain how far it acts as a direct poison to these very troublesome parasites. It remains a great desideratum to find some anthelmintic which would act for these worms according to the plan of action of Santonine for the *lumbrici*—that is, that would remain comparatively inert just till it met with its victim in its peculiar habitat. To give medicines by the mouth which are acted upon, and consequently act upon the patient during the whole time of their passage through the intestinal tract, for parasites infesting the other end of the tract, is certainly a very roundabout proceeding.

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*On the Action of the Bromide of Potassium.*

By S. W. D. WILLIAMS, M.D., I.R.C.P. Lond.,

House-Surgeon, General Lunatic Asylum, Northampton.

Reading some remarks in a late number of the *Lancet* on the action of bromide of potassium, and having tried the drug extensively for the last five months, it has occurred to me that a few observations on its action may not be unacceptable to the readers of the *Medical Times and Gazette*.

Through the kindness of Dr. Wing, the Superintendent of the Northampton General Lunatic Asylum, I have been enabled freely

to try it in as many as thirty-seven cases. These were all epileptics, and I append a table showing in one column the number of fits registered during the last five months of last year, when they were taking no medicine, and in the other the number registered during the first five months of this year, when each case was taking on an average ten grains of the salt twice daily.

I may premise that the greatest care was taken that, for the whole of the ten months during which these thirty-seven patients were under observation, their lives, with the exception of taking the bromide during the last five, should be spent under as near as possible the same circumstances.

| Males' Names.  | Fits during last Five Months of 1863. | Fits during first Five Months of 1864. | Females' Names. | Fits during last Five Months of 1863. | Fits during first Five Months of 1864. |
|----------------|---------------------------------------|--|-----------------|---------------------------------------|--|
| W. M. .. ..    | 148                                   | 107                                    | E. H. .. ..     | 23                                    | 19                                     |
| J. R. .. ..    | 69                                    | 45                                     | E. J. .. ..     | 25                                    | 37                                     |
| J. B. .. ..    | 32                                    | 21                                     | M. K. .. ..     | 60                                    | 27                                     |
| J. J. .. ..    | 246                                   | 91                                     | E. H. .. ..     | 29                                    | 9                                      |
| W. L. .. ..    | 55                                    | 37                                     | E. W. .. ..     | 50                                    | 56                                     |
| S. L. B. .. .. | 19                                    | 24                                     | C. S. .. ..     | 17                                    | 23                                     |
| T. H. .. ..    | 40                                    | 29                                     | S. A. .. ..     | 82                                    | 85                                     |
| C. B. .. ..    | 52                                    | 46                                     | M. L. .. ..     | 20                                    | 5                                      |
| R. H. .. ..    | 112                                   | 102                                    | A. S. .. ..     | 41                                    | 22                                     |
| G. M. .. ..    | 47                                    | 64                                     | E. G. .. ..     | 46                                    | 53                                     |
| W. W. .. ..    | 86                                    | 37                                     | H. W. .. ..     | 1                                     | ..                                     |
| J. L. M. .. .. | 83                                    | 26                                     | M. L. .. ..     | 57                                    | 8                                      |
| T. G... ..     | 13                                    | 4                                      | A. C. .. ..     | 11                                    | 22                                     |
| R. G... ..     | 30                                    | 9                                      | M. C. .. ..     | 1                                     | ..                                     |
| J. K... ..     | 25                                    | 16                                     | S. A. P... ..   | 577                                   | 556                                    |
| E. E... ..     | 8                                     | 14                                     | S. A. .. ..     | 1                                     | ..                                     |
| W. O. .. ..    | 10                                    | 10                                     | S. S... ..      | 73                                    | 37                                     |
| W. M. .. ..    | 29                                    | 14                                     | E. G. .. ..     | 13                                    | 11                                     |
| J. J. .. ..    | 8                                     | 10                                     | .. ..           | ..                                    | ..                                     |
|                | 1012                                  | 706                                    | .. ..           | 1127                                  | 970                                    |

From this table it will be seen that the number of fits amongst the males decreased by 306, and amongst the females by 157; that all the patients but 5 males and 6 females were benefited more or less; that the improvement was, however, more apparent amongst the males than the females; but that no patient of either sex was entirely cured. It is right to remark that all these patients are more or less insane, and many of them extremely violent at times.

Mr. Henry Behrend, the writer in the *Lancet*, confines his remarks to the powerful effect this drug has on "insomnia and restlessness, accompanied and dependent on nervous excitement and

irritability," and this statement my own observations fully corroborate; but I have not the same confidence in recommending, as he does, the unfettered use of half-drachm doses; for in several of the cases recorded above it was found necessary to reduce even the average—ten grains twice daily; and in the majority the first use of the drug was accompanied by sickness and lassitude.

Those patients on whom the drug seemed to take the most effect, in this way were seven in number; after using it for a few days, the action of their hearts became slow and fluttering, the eye lost its lustre, the skin was cold and clammy; they had a wearied, anxious look, and complained of headache and sickness, and shivering, and of unusual weakness at the knees, and invariably sat crouched up by the fireside all day, evidently devoid of all energy and resolution. Curiously enough, in all the cases thus powerfully affected the fits were increased instead of diminished.

The drug excited hypercatharsis in two patients, which was repeated again and again each time it was renewed; the fits in both these cases were diminished; in the case of the female, from 41 to 22.

One patient, S. A., was apparently, five months ago, one of the most healthy persons in the home—fat, strong, and rosy; but soon after taking the bromide, the peculiar symptoms described above developed themselves, and the medicine was immediately omitted; but, although she rallied a little, her system never thoroughly recovered itself: tubercles became developed in the lungs, and she died towards the end of April. Truth compels me to confess that I have my doubts whether the bromide of potassium had not something to do with this poor girl's death—at all events, this occurrence has made me very watchful when using it.

On the other hand, considerable benefit has arisen from its use in some cases; it undoubtedly exercises a most powerful influence on the nervous system, and often soothes the irritability of epilepsy, even if it does not diminish the frequency of the fits, when no other medicine will take any effect, and in this way will be found a most valuable adjunct to the repertory of an asylum dispensary. I cannot think that it has much effect, however, on the sexual system; for in some cases where it was used more especially with that view, there was no apparent result, but of its powers in inducing sleep in cases dependent on nervous irritability there can be no doubt, and often from ten to twenty grains twice daily will suffice to effect this.—*Medical Times and Gazette.*

*Poisoning by Strychnia: Recovery from a Large Dose.*

By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P. Lond.

The following case is interesting, not only from the quantity of the poison taken, but from the comparatively long time which elapsed before the patient was seen by me, and the consequent delay in the commencement of treatment:—

F. J., a gentleman of position in society, owing to reverses in business, had been for some weeks in exceedingly low spirits, and during that time had drunk very freely. On the morning of the 17th of November last, he left his house about eight o'clock, in a very excited state, not having partaken of any food, and shortly after that hour called at a druggist's store, and requested one of the clerks, with whom he was acquainted, to give him sufficient strychnia to poison two dogs. About four grains and a half were weighed out to him. He states that he immediately went to a neighbouring fashionable saloon, called for a glass of gin, and placing all the strychnia in it, drank it off. To make sure that none remained behind, he immediately filled the glass with water, and drank it also. He then started for home, and on the road one or two very slight spasms seized him. On reaching his house, he at once undressed and went to bed, his wife being out at the time. She returned about ten o'clock, and found him in a very strong paroxysm. He at once confessed what he had done, and the family physician who was sent for, not being at home, I was called upon to attend him. It was eleven o'clock when I reached his house, fully two hours and a half having elapsed since he took the poison. On my entering the room he was seized with a very violent tetanic paroxysm, which lasted fully a minute and a half. He had not vomited, but had drunk freely of milk. I at once administered a drachm of sulphate of zinc, which soon produced copious vomiting. When it had in a measure subsided, I gave a drachm of tannin in a tumbler of water, which was repeated in about half an hour. A little after twelve another very violent paroxysm came on, which was followed by violent emesis, which continued with a good deal of frequency the entire day. At two p.m. the paroxysms were recurring every twenty minutes, and were very severe. He was given two grains of solid opium, and shortly after drank two cups of green tea. At half-past two, Drs. McCullum and Drake saw the



patient, when fifteen drops of the fluid extract of belladonna was injected subcutaneously, near the third dorsal vertebræ. Chloroform was also administered *during* the paroxysm. At three o'clock the spasms were recurring every eight minutes, and very strong, their *duration* being apparently lessened by the inhalation of chloroform. Pulse 130—full and strong. By half-past three the patient began to show evident signs of weakness; the interval between the spasms had decreased to about three minutes, and they were much stronger. Sherry-and-water was given at the rate of an ounce every hour. As the patient was evidently sinking, I determined to try the effect of keeping him partially under the influence of chloroform the whole time. Its effect was all that could possibly be desired. The interval between each paroxysm gradually lengthened, and at seven p.m. it had increased to an hour, though their severity seemed to be but slightly diminished. At this time I had his spine well rubbed with soap liniment and tincture of opium, and gave him a drachm of compound spirits of sulphuric ether, in three drachms of camphor mixture, every two hours, still continuing the inhalation of chloroform, but not to the same extent as previously. At nine p.m., while drinking some beef-tea, a violent paroxysm came on. Its duration was short, and during the previous two hours he had only two very slight spasms. At eleven p.m., when I left him, no more severe ones had occurred, and only one very slight one. I ordered beef tea in large quantities and wine to be given every three hours. Pulse 120, and weak. At half-past eight a.m., next day I visited him, and found he had passed a tolerably comfortable night. No spasms—only occasional involuntary twitchings. His spirits are better. To have the ether and camphor mixtures every four hours only. Wine to be stopped. To have beef-tea at intervals, and chicken-broth for dinner. Nine p.m., still improving; the twitchings continue, but neither so strong nor so frequent. From this time the patient made a rapid recovery, and, in a week from the time he swallowed the poison, was out attending to his business. The quantity of chloroform consumed between one p.m. and eleven p.m. was rather more than a pound, and its beneficial effects were certainly most marked. I am firmly convinced that had it not been so largely inhaled, the case would have terminated fatally.—*Canada Medical Journal.*

*The use of Alcoholic Drinks and Tobacco.*

The following curious passage relating to the effect of alcoholic drinks and tobacco upon health, occurs in the sixth annual report of the Registrar-General for Scotland:—"All classes are agreed as to the evils produced by the abuse of stimulant (alcoholic) drinks and tobacco. But a certain class decry even the use of these, and point to the statistics as a triumphant proof of the baneful effect of such stimulants and sedatives. No such conclusion can be drawn from such statistics: and this may be proved in the most satisfactory manner. Tobacco and stimulating drinks are almost exclusively consumed by males, and by almost none under 15 years of age. Yet we find that in every 100,000 males under 15 years of age brain diseases cut off annually 337 persons; whereas, in an equal number of females, only 276 are cut off by the same diseases. At the very period of life, therefore, when neither sex use these so-called obnoxious articles, the male tendency to these diseases is so much greater than it is in the female, that 337 males die for 276 females. Above 15 years of age, when, for argument's sake, we may allow that the female does not consume these articles, or, at least, that the number who do so is so insignificant as not to affect general results, while the male both uses and, in some cases, abuses them, instead of finding that the relative proportion of male deaths from these diseases increases, we find that it rather diminishes; so that, while above 15 years of age 217 males die from these diseases in every 100,000 males, 164 females die out of a like number of females. But the subject may be viewed in a more striking light still, by taking the proportion of each sex who die from these diseases above and under 15 years of age. By this it will be found that the relative tendency to death from these brain diseases in persons above 15 years of age was greater in the female than in the male. The only conclusion, therefore, which seems deducible from these facts appears to be that, in so far as the statistics of these deaths go, there is no evidence to prove that the consumption of alcoholic liquors (including every form, wine, beer, spirits, &c.), or of tobacco, injures the general health of the population. On the other hand, the evidence seems rather to favour the idea that the moderate use of these articles by the mass of the people so improves their health as to act as a counterpoise to the undoubtedly injurious and fatal effects to which the abuse leads in the few."

*Homœopathy in the United States.*

At a meeting of the Massachusetts Homœopathic Medical Society, recently held in Boston, the following statement and resolution were unanimously adopted:—

*To the Senate and House of Representatives of the United States, in Congress assembled:—*

The Massachusetts Homœopathic Medical Society beg leave to state, that from New England alone petitions for the admission of homœopathic surgeons into the army and navy have recently been presented to Congress, signed by more than thirty thousand legal voters, embracing a large number of persons in high official position, persons eminent for intelligence, respectability and wealth, and representing all classes and interests of society. Numerous signed petitions of a similar character have been presented from other sections of the loyal States, and also from various regiments now in the service of Government.

This Society would further represent, that homœopathy is a well-tried and demonstrated system of medical practice, based upon an established law of nature, and has stood the test of rigid and accurate observation in Europe and in this country, in public institutions and in private practice, among the most discriminating and conservative classes, and is now fully established in the confidence of every intelligent community:—That in Europe it has no less than *twelve* hospitals, and numerous dispensaries, and in this country is practised by more than three thousand five hundred educated physicians, has five legally authorized medical colleges, and supports several hospitals and dispensaries:—That homœopathy is, by the action of various medical boards, virtually excluded from the army. The Medical Commission of Massachusetts has by vote declared, that it cannot recommend any surgeons believing in it; the Medical Commissions of other States have in a discourteous manner refused to examine homœopathic surgeons; and the Army Medical Board at Washington has sedulously endeavoured to exclude from the army all homœopathic surgeons, and from the army hospitals all homœopathic practice.

And as, in many of the regiments now in the service, a large number have been accustomed to, and prefer homœopathic treatment therefore, this Society respectfully and earnestly request Congress to

make such provision as shall meet the wants of this class, and would recommend the following propositions :—

1st. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a homœopathic surgeon attached to the brigade, such additional surgeon shall be appointed.

2nd. Whenever a majority in any regiment desire a homœopathic surgeon and assistant surgeon, such appointments shall be made.

3rd. Wherever army hospitals are established, a fair proportion of them shall be devoted to homœopathic treatment.

4th. As allopathic surgeons are by their education and position necessarily disqualified for intelligently examining candidates in homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of surgeons skilled in homœopathic medicine.

As in this emergency of our country the utmost catholicity is very justly and properly allowed in all the religious and political appointments of the army, this Society deem it in the highest degree intolerant to exclude thoroughly educated and competent homœopathic surgeons, whose appointment would, by exciting emulation, naturally serve to elevate the standard of medical skill, and secure for the soldiers increased care and attention.

*Resolved*, That a copy of the above statement be sent to Hon. Henry Wilson of the United States Senate, and Hon. B. F. Thomas of the House of Representatives, with the request that it be presented to both Houses of Congress.

[We are not informed what was the result of this resolution].

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*Sweating in Dropsy,*

By F. PEPPERCORNE, M.R.C.S.E.

I have often thought it singular that with the numerous hot-air, or Turkish baths, now scattered through this country, and more or less patronised by the public and our profession, the effects of *copious sudation*, prescribed with judgment, should not be tried in our hospitals or elsewhere, in cases of anasarca or general dropsy, which purgatives, diuretics, &c., too often fail in efficiently relieving.

Not very long since, I had under my care a lady of about sixty-two years of age, whose legs, higher than the knees, had been affected for months past with great œdema (said to be dropsy), and

accompanied by a very irritable eruption, of impetiginous nature, for which numerous remedies had been tried in one of the midland counties without much benefit.

She now took at my request, "a simple hot-air bath," long enough to induce free perspiration, from which she derived such immediate benefit and comfort, that it was repeated after two days, so as to occasion more copious and longer sudation.

Suffice it to say, that after a third bath, not only was the eruption dissipated, but her legs and ankles completely restored to the natural size, and her general health, spirits, and comfort, surprisingly improved.

I could discover in her case no symptoms of diseased heart or kidneys, but her habit of life had long been sedentary and inactive.

Are there not many cases of intractable anasarca, &c., in which this simple means of getting rid of the superfluous fluid might be safely tried with advantage, relieving the poor patient of miserable suffering, and perhaps occasionally effecting a cure?—(*Medical Circular*, March 9, 1864).

### *Advantages of Homœopathy over Allopathy.*

1. *It is a more direct and certain system*; its remedies being applied to the disease itself, rather than by attempting to reach it through other and healthy organs.

2. *Its relative success is greater.* Statistics show a less mortality under homœopathic treatment, as well as a greater rapidity in the cure of disease.

3. *It leaves no drug-disease in the system*, which often requires months, and even years, to eradicate; and, using no depleting measures, the strength of the patient is not reduced by treatment.

4. *Its medicines are easily administered*; a matter of no little importance with children, and in some forms of disease.

5. *It is safer.* Its medicines, if administered by mistake, do not possess the power of poisoning.

6. *It is able to treat new, and previously unknown, diseases without experiment.* Thus did Hahnemann, guided by symptoms which drugs had produced upon himself, point out the requisite treatment for cholera, before he had ever seen a case; and, in diphtheria, the success which has attended its treatment attests its value.—(*From Dr. Talbot's Address before the Massachusetts Homœopathic Society*).

*Action of Digitaline on the Urine.*

According to Dr. B. H. Stadion, of Kiew, the following are the results derived from a series of experiments:—

1. Digitaline produces in health a diminution in the quantity of liquid secreted by the kidneys. 2. It diminishes the amount of the principal constituents of the urine, such as urea, chloride of sodium, the phosphates and sulphates. 3. The uric acid alone is increased; but the degree of acidity of the urine remains the same. 4. The specific gravity of the urine is diminished. 5. Digitaline at first increases the frequency of the pulse; it then produces a diminution in the number of contractions of the heart. 6. The rapid emaciation and the retardation of nutrition which follow the employment of Digitaline are two important facts which aid us in understanding its action and proper mode of administration. 7. Digitaline acts like Digitalis in the circulatory, nervous, muscular, and generative systems. 8. It is an energetic depressant of the generative system, and may for the time abolish all sexual desire. 9. Its action on the intestinal canal and digestive organs is less than that of Digitalis. 10. A peculiar affection of the nasal mucous membrane, under the form of coryza, appears to constitute a characteristic symptom during the use of Digitaline. 11. The power of Digitaline appears to be thirty times as great as that of Digitalis. 12. The ordinary dose of Digitaline should not exceed one-fifth of a grain daily; in most cases, from one-twentieth to one-sixth of a grain is sufficient.—(*Vierteljahrschr. für die prakt. Heilk.*; and *Gazette Méd. de Paris*, 28 Novembre, 1863).

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*Bite of a Viper, Secondary symptoms recurring periodically at distant intervals.*

In 1855, Mr. Léon Soubeyran in his thesis on vipers and venomous bites, recorded the singular case of a man who, having been bitten by a reptile of this kind six years previously, experienced annually for a month, from the date corresponding to that on which the wound was inflicted, severe pain in the injured arm. Mr. George Villers, of the Calvados, had also noted a periodically returning swelling in dogs, several years after bites of this description. The first case was, therefore, not a solitary instance, and was merely invested with exceptional interest. This extraordinary circumstance

would seem, however, to be confirmed by further observations ; and, in its number of December 6th, the *Gazette Hebdomadaire* relates a fresh case, communicated by Dr. Demeurat, of Tournan. A woman, aged 65, was bitten by a viper at the age of 26, and for a period of thirty-nine years, every spring, on the 28th of May, an eruption of large vesicular bullæ has appeared on the forearm, attended with much itching, but no other disturbance of health.—(*Journal of Practical Medicine and Surgery*).

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### *Chronic Looseness of Bowels.*

By Dr. DRYSDALE.

Nov. 19. E. D., a gentleman about 30, who was otherwise healthy, but last spring had an attack of cholera, and had never been well since. For many weeks bowels moved about twice a day, but several times a desire that he represses. The motions are bright yellow, thin and watery, and copious, preceded by extreme desire to stool, but no colic, but so strong that he must go very quickly, and motion gushing out, followed by nausea and faintness. Tongue clean, insipid taste, food scarcely tastes at all, thirst most at night. Appetite bad, distension feeling after meals, and desire to stool. General debility, and is thin, sleep good. Capsicum A.V. 4 tis horis.

Nov. 23. Much better, and no more desire to stool, except for the one motion, that he had daily, which is still yellow and unformed, not quick and gushing, but a little more solid, and quite easy. Still some nausea and faintness after stool. Taste of food much better. Repeat.

Dec. 4. Reported that he was so much stronger and better that he would not come again.

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### BOOKS RECEIVED.

*Valedictory Address at the Twentieth Annual Commencement of the New York Homœopathic Medical College*, by EGBERT GUERNSEY, Professor of the Theory and Practice of Medicine. New York, 1864.

*La Salud, Manual de Homeopatia para uso de la Familias*, Madrid, 1864.

*The Lung Disease of Cattle*, by J. MOORE, M.R.C.V.S. 8th edition. London: Turner, 1863.

*The Monthly Homœopathic Review.*

*The Homœopathic Observer.*

*L'Art Médical.*

*Bulletin de la Société Homœopathique de France.*

*El Criterio Medico.*

*Neue Zeitschrift für Homöopathische Klinik.*

*The North American Journal of Homœopathy.*

*The American Homœopathic Review.*

*American Homœopathic Observer.*

## INDEX TO VOL. XXII.

---

- |   |  |
|---|--|
| <p><i>Aconite</i>, Mr. Nankivell on, 83</p> <p>After-pains, organic remedies for, 78</p> <p>Ague, cases of, 370</p> <p><i>Ailanthus</i> in Scarlatina, 503</p> <p>Alcoholic Drinks and Tobacco, influence on health of, 452</p> <p>Alexander the Great, death of, 452</p> <p>Allopathy, advantages of Homœopathy over, 692</p> <p>Amenorrhœa, organic remedies in, 70 —, <i>lachesis</i> in, 492</p> <p>America, History of Homœopathy in, by Dr. Grey, 292; —, Homœopathy in Military Hospitals of, 507; —, Homœopathy in, 590</p> <p>Anæmia, cases of, 369</p> <p>Aneurism, popliteal, cured by flexion of knee, 171</p> <p>Angina ulcerosa syphilitica, treatment of, 634</p> <p>Animalcules in diseased blood, Dr. Roth on, 220</p> <p>Anus, fissure of, cured by dilatation, 350</p> <p>Apoplexy, case of, 392</p> <p>Arm, neuralgia of, cured by <i>bryonia</i>, 235</p> <p>Arsenical epistaxis, Dr. Goubeyre on, 519</p> <p>Arthritic cachexia, organic remedies for, 81</p> <p>Ascites, case of, 370</p> <p><i>Ash-leaves</i> in rheumatism and gout, 163</p> <p>Asthma, organic remedies for, 70</p> | <p>Baertl, on homœopathic treatment of epilepsy, 245</p> <p>Banting's cure for corpulence, 271</p> <p>Biliary acids in urine, tests for, 126</p> <p>Bönnighausen, Dr. Von, death of, 351</p> <p>Brain in sleep, Dr. M'Gilchrist on the state of, 199</p> <p>British Pharmacopœia, 505</p> <p><i>Bromide of Potassium</i>, action of, 684</p> <p>Bronchitis, treatment of, 397</p> <p>Bubo, treatment of, 629</p> <p>Burns, organic remedies for, 82</p><br><p><i>Cactus grandiflorus</i>, Dr. Rubini on, 529</p> <p><i>Calabar bean</i>, effects on eye of, 140, 349</p> <p><i>Calendula</i>, in Plastic Surgery, 511</p> <p>Cancer, organic remedies for, 82; —, surgical treatment of, compatible with homœopathy, 105</p> <p><i>Cannabis indica</i>, experiments with, 574</p> <p><i>Cantharis</i> in vesicular erysipelas, 345; —, in shingles, 653</p> <p><i>Carbon, sulphuret of</i>, poisoning by, 170</p> <p>Carbuncle, remedy for, 171</p> <p>Cardiac disease, <i>digitalis</i> in, 316</p> <p>Cardialgia, treatment of, 592</p> <p>Carditis, treatment of, 399</p> <p>Casanova, Dr. on chronic relapsing ophthalmia, 13</p> <p>Cases, Dr. Kidd on reporting, 1</p> <p>Cellulitis, <i>collinsonia</i> in, 653</p> <p>Chancre, treatment of, 619</p> |
|---|--|



- Change of type of diseases, 174  
 Channel Islands, Dr. Massey on the, 444  
 Chapman, Dr. on Cold and Heat in functional diseases of women, 278  
 Cholera in India, Homœopathy in, 663  
*Chronic acid* as a caustic, 515  
 Coe's organic remedies, by Dr. Stokes, 62  
 Colic, organic remedies for, 64; —, treatment of, 393  
*Collinsonia* in cellulitis, 653  
 Compendium of Homœopathy, by Dr. Hirschel, 455  
 Condylomata, treatment of, 632  
 Constipation, organic remedies for, 63  
 Convulsions, infantile, Dr. Hitchman on, 109  
 Corns, organic remedies for, 83  
 Corpulence, Dancel and Banting on, 271  
 Croup, organic remedies for, 66  
 Crural nerve, neuralgia of, cured by *arsenic*, 231  
 Cutmore, Mr., on Eczema erythematodes, 439  
 Cystitis, organic remedies for, 74
- Dancel on corpulence, 271  
 Davaine's discovery of animalcules in diseased blood, 221  
 Deafness, catarrhal, *miseltoe* in, 638  
 Delirium tremens, treatment of, 158  
 Diabetes, organic remedies for, 74; —, cured by *natrum sulph*, 164  
*Digitaline*, effects on urine of, 693  
 Diller on diphtheria, 509  
 Diphtheria, ice in, 358; —, Ludlam on, 456; —, Diller on, 509; —, *guaiacum* in, 513  
 Dispensary, self-supporting, 333  
 Doctor, choice of a, 162  
 Dogs, Mr. Moore on diseases of, 286  
 Drop, size of a, 518
- Dropsy, sweating in, 691  
 Drysdale, Dr. C., on *mercury* in syphilis, 167, 286  
 Drysdale, Dr., case of chronic looseness of bowels by, 694  
 Dudgeon, Dr., memorabilia of practice by, 353  
 Dysmenorrhœa, organic remedies for 78; —, ice in, 279  
 Dysuria, organic remedies for, 73
- Ecthyma, *lachesis* in, 486  
 Eczema, organic remedies for, 83; — erythematodes, Mr. Cutmore on, 439  
 Enteralgia, cured by *arsen.* and *quin.*, 234; —, cured by *plumb.*, 239  
 Enteritis, organic remedies for, 64  
 Epilepsy, homœopathic treatment of, by Baertl, 245; —, treatment of, 393  
 Epistaxis, arsenical, 519  
 Erysipelas, organic remedies for, 83; —, vesicular, *cantharis* in, 345  
 Exanthemata, syphilitic, treatment of, 634
- Fauces, irritable, cured by *lachesis*, 336, 488  
 Female medical practitioner, the first English, 506  
 Fever, typhoid, cases of, 360  
 Frerichs on diseases of the liver, 121
- Germany, trichiniasis in, 337  
*Gnaphalium*, proving of, 493  
 Gonorrhœa, organic remedies for, 74; —, preputialis, 636; —, urethral, 636  
 Goubeyre on arsenical epistaxis, 519  
 Gout, *ash-leaves* in, 163; —, Laville's remedy for, 343

Grauvogl on *arg. nitr.* 313  
 Gravel, organic remedies for, 73  
 Grey's History of Homœopathy in America, 292  
*Guaiacum* in diphtheria, 573  
 Gunshot wounds cured by hermetically sealing, 319  
  
 Hæmaturia, organic remedies for, 73  
 Hæmoptysis, organic remedies for, 71; —, *aconite* in, 83  
 Hæmorrhage from intestines, organic remedies for, 66  
 Hahnemann's fear of large doses, 11; —, Will, 674  
 Harley on jaundice, 121  
 Hay fever, differences among allopaths as to treatment of, 549  
 Head, neuralgia of, cured by *arsen.*, 236  
 Headache, *calcarea* in, 309; *lachesis* in, 482  
 Heart, irritable, organic remedies for 72  
 Hectic fever, organic remedies for, 71  
 Hemicrania, treatment of, 393  
 Hernia, reduction by India-rubber bands of, 346  
 Hirschel's Compendium of Homœopathy, 455  
 Hitchman, Dr., on infantile convulsions, 109  
 Hoppe, Prof., on frontal headache, 309; —, on the insignificance of determining symptoms, 363  
 Huber, Dr., on the *miseltoe*, 637  
 Hughes, Dr., cases of neuralgia by, 227; —, on the pupil as affected by diseases and drugs, 425  
*Hydrastis* in small-pox, 652  
 Hydrothorax, *miseltoe* in, 649  
 Hysteria, treatment of, 394

Impotence, organic remedies for, 74  
 Intercostal neuralgia, cured by *arsen.*, 228; —, cured by *bryonia*, 236  
  
 Jaundice, Dr. Harley on, 121; —, homœopathic remedies for, 132; —, *iodine* in, 357: —, treatment of, 403  
  
*Kali cyanuretum*, proving of, 496  
 Kidd, Dr., on Ophthalmia, 1  
  
*Lachesis*, Dr. Wesselhoeft on, 480  
 Langheinz, Dr., on Hahnemann's *opium* symptoms, 17; —, on Hahnemann's *musk* symptoms, 177  
 Laryngeal catarrh, treatment of, 396  
 Laryngitis, organic remedies for, 66; —, *aconite* in, 85; —, chronic, treatment of, 396  
 Laville's remedy for gout and rheumatism, 343  
 Leopoldstadt Homœopathic Hospital, Report of, 366  
 Leucorrhœa, organic remedies for, 76; —, ice in, 281  
 Liver, Frerichs on diseases of, 121  
 Liverpool Homœopathic Society, resolutions on the Newman and McLimont affair, 173  
 Looseness of bowels, case of chronic, by Dr. Drysdale, 694  
 Ludlam, Dr., on diphtheria, 456  
 Lumbrici, *santonine* in, 679  
 Lymphangoitis, treatment of, 402  
  
 MacGilchrist, Dr., on the state of the brain in sleep, 199; —, death of, 527  
 McLimont, Newman *versus*, 93

- MacLoughlin on syphilis, 285  
*Manganese* in diseases of the stomach, 305  
 Massy, Dr., on the Channel Islands, 444  
 Medicine an art, not a fine art, 660  
 Menorrhagia, heat in, 282  
 Metrorrhagia, *miseltoe* in, 639, 640  
*Miseltoe*, Dr. Huber on, 637  
 Moore, Mr., on diseases of dogs, 289  
*Morphia*, eruption caused by, 348  
*Musk* symptoms, Langheinz on Hahnemann's, 177
- Nankivell, Mr., on *aconite*, 83  
 Neuralgia, *arsenicum* in, 160; —, cases of, treated by Dr. Hughes, 227  
 Newman *versus* McLimont, 93  
 Novel, a homœopathic, 523  
 Nunez on the *tarantula*, 274
- Old school, our relations with the, 545; —, differences of opinion as to nature and treatment of hay fever, 549  
*Opium* symptoms, Langheinz on Hahnemann's, 17  
*Opium* in delirium of typhoid, 156  
 Ophthalmia, Dr. Kidd on, 1; —, scrofulous, cured by *merc. corr.*, 2, 4; —, rheumatic, cured by *bell.* and *merc.*, 3; —, chronic relapsing, Dr. Casanova on, 13; —, rheumatic, *euphrasia* in, 355  
 Orthodox medicine, fixed principles of, 525  
 Otagia, relieved by *arsen.* and *bell.*, 230  
*Ozæna*, *permanganate of potass* in, 161
- Paratyphlitis, Dr. Trinks on, 6  
 Pattison, priority of use of *hydrastis* in cancer of, 175  
 Periostitis, *miseltoe* in, 645  
 Peritonitis, *lachesis* in, 485  
 Pharmacy, homœopathic, 474  
 Phimosis and paraphimosis, treatment of, 630  
*Phosphorus*, tests for, 501  
 Phthisis, organic remedies for, 71  
 Placenta, retention of, *miseltoe* in, 637  
 Pleuritic exudation, treatment of, 397  
 Pleurisy, organic remedies for, 69; —, treatment of, 398  
 Pneumonia, organic remedies for, 68; —, treatment of, 398  
 Potency-theory, Dr. Trinks on the, 12  
 Prosopalgia, cured by *bell.*, 228, 229, 236, 238; —, cured by *ars.* and *merc.*, 229, 231; —, cured by *merc.*, 230, 236; —, cured by *merc.* and *bell.*, 232; —, cured by *ars.*, 232, 233, 238; —, cured by *ars.* and *chin.*, 232; cured by *rhod.* and *bell.*, 233; —, and enteralgia, cured by *ars.* and *quin.*, 234; —, cured by *spig.*, 235  
 Prostate disease, organic remedies for, 74  
 Psoriasis, organic remedies for, 83  
 Pulmonary catarrh, treatment of, 397  
 Pupil, the, as affected by disease and drugs, by Dr. Hughes, 425; —, in inflammation of brain, 427; —, in apoplexy, 427; —, in injuries of brain, 427; —, in concussion of brain, 428; —, in compression of brain, 428; —, contraction of, 429; —, irregularity of, 429; —, dilatation of, 429; —, effect of *bell.* on, 432; —, effect of *opium* on, 433; —, effect of *Calabar bean* on, 140, 349
- Paralysis, organic remedies for, 82

Pustules, organic remedies for, 83

Relations with the Old School, on, 545,  
Rheumatism, *ash leaves* in, 163; —,  
*sulphur* in, 344; —, cases of, 371,  
377, 378; —, *miseltoe* in, 643, 644,  
645, 648

Roth, Dr., on Animalcules in Dis-  
eased blood, 220

Rubini, Dr., on *cactus grandiflorus*, 529

Ryan, Dr., on infinitesimal doses, 270

Sandwich Islands, homœopathy in the,  
467

*Santonine* for lumbrici, 679

Scalp, neuralgia of, cured by *ars.*, 231

Schneider, Dr., on syphilis, 404, 588

Sciatica, cured by *bell.* externally, 234;  
—, cured by *ars.*, 237; —, cured by  
*rhus*, 238; —, treatment of, 396;—  
*miseltoe* in, 641, 642

Scrofulous cachexia, organic remedies  
for, 79

Self-supporting dispensary, 333

Shaftesbury, anecdote of Lord, 551

Shifting neuralgic pains, *plat.* in, 229

Shingles, *cantharis* in, 653

*Silver, nitrate of*, Dr. Grauvogl on,  
313.

Sleep, Dr. McGilchrist on the state of  
the brain in, 199; —, Sir H. Holland  
on, 200; —, Sir B. Brodie on, 201;  
— Mr. Durham on, 202, 210; —,  
Dr. Carpenter on, 202

Small-pox, Dr. Wilkinson on *hydrastis*  
in, 651

Sorge's work on homœopathy, 558; —,  
intolerant spirit of, 559

Spermatorrhœa, organic remedies for,  
74

Spinal disease, *lachesis* in, 481

Spinal irritation, treatment of, 394

Spleen, congestion of, organic remedies  
for, 62

Squamsæ, organic remedies for, 83

Stokes, Dr., on Coe's organic remedies,  
62

Stomach, *manganese* in diseases of, 305

*Strychnia*, poisoning by, 687

Symptoms determining choice of re-  
medy, Prof. Hoppe on, 363

Syndismites catarrhalis, treatment of,  
396

Syphilitic cachexia, organic remedies  
for, 80

Syphilis, Dr. C. Drysdale on, 167, 289;  
— Dr. McLoughlin on, 285; — Dr.  
Schneider on, 404, 588; —, what it  
is, 413; —, secondary, *lachesis* in,  
489; —, how nature cures, 590; —,  
enantipathic treatment of, 593; —,  
allopathic treatment of, 601; —,  
homœopathic treatment of, 608; —,  
hydrotherapeutic treatment of, 610;  
— homœiatic treatment of, 612; —,  
clinical observations of, 616

Tape-worm, *oil of male-fern* in, 322

*Tarantula*, Dr. Nunez on the, 274

*Tartar emetic* in ophthalmia, 13

Testicles, swelling of, 657

*Trichina spiralis*, Müller on, 330; —,  
disease caused by, 527; —, in Ger-  
many, 337

Trinks, Dr., on paratyphlitis, 6

Typhoid fever, open air in, 170

Typhus, cases of, 380, 386, 388, 389

Ulcer of os uteri, organic remedies in,  
78

Urine, suppression of, organic remedies  
in, 73

- |  |  |
|--|--|
| <p>Vaginitis, organic remedies in, 75<br/>Varicose veins, <i>sesquichloride of iron</i><br/>for, 159<br/><i>Veratrum viride</i> in inflammation, 651<br/>Vertigo, <i>miseltoe</i> in, 649<br/>Viper bite, effects of, 693<br/><i>Viscum album</i>, Dr. Huber on, 637</p> | <p>Vulva, irritation of, organic remedies<br/>for, 75<br/>Warts, organic remedies for, 83<br/>Wesselhæft, Dr., on <i>lachesis</i>, 480<br/>Whately's condemnation of the Irish<br/>College of Surgeons, 547<br/>Wilkinson, Dr., on small-pox, 65</p> |
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END OF VOL. XXII.











